



State of Arizona Acupuncture Board of Examiners

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REGULAR MEETING

October 23, 2013

OPEN SESSION MINUTES

Members of the Arizona Acupuncture Board of Examiners met at 1:00 p.m. on Wednesday, October 23, 2013, at 1400 West Washington, Conference Room B-1, Phoenix, Arizona.

Board Members Present:

Woohyung Cho, L.AC., Professional Member, Chairman

Christopher M. Clair, Consumer Member, Secretary

Maureen Bronson, Consumer Member

Teresa Buechel, L.AC., Professional Member

B. Jeffrey Jolley, D.C., Professional Member

Patricia E. Martin, L.AC., Professional Member

John M. Rhodes, L.AC., Professional Member

Craig Seitz, D.C., L.AC., Professional Member

Board Members Absent:

Ross Adelman, Consumer Member

Administrative Staff:

Pete Gonzalez, Executive Director

Attorney General Representative:

Montgomery Lee, Assistant Attorney General

Call to Order

Chairman Cho called the meeting to order at 1:02 p.m.

The following order of business was then considered:

Introduction of Newly-Appointed Board Members

Chairman Cho welcomed the newly-appointed board members--B. Jeffrey Jolley, D.C., and Craig Seitz, D.C., L.AC.

Declaration of Conflicts of Interest

None.

Discussion and Approval of Minutes

Board Member Clair moved the adoption of the October 7, 2013 regular board meeting minutes with Board Member Rhodes providing a second. The motion carried by unanimous vote: 5-0.

Adelman	Bronson	Buechel	Cho	Clair	Jolley	Martin	Rhodes	Seitz	Vote
		X	X	X		X	X		Aye
									Nay
									Recused
	X				X			X	Abstained
X									Absent

New discussion and possible action related to the use of invasive procedures by physical therapists

Review and approval of cover memo for the Board website

The Board reviewed the draft and decided to submit a final version of the memo at a future board meeting.

Correspondence and information received by the Board regarding the use of invasive procedures by physical therapists

The Board reviewed correspondence from the two individuals—Nancy Happel and Susan Pistawka.

Board Member Martin moved to acknowledge the receipt of both letters with Board Member Seitz providing a second. The motion carried by unanimous vote: 8-0.

Adelman	Bronson	Buechel	Cho	Clair	Jolley	Martin	Rhodes	Seitz	Vote
	X	X	X	X	X	X	X	X	Aye
									Nay
									Recused
									Abstained
X									Absent

Complaints/Investigations

Complaint #2014-02 Kennedy Vo, L.AC.

The Board heard from Ms. Thanh Lan Nguyen on her treatment as provided by Kennedy Vo, L.AC. Ms. Nguyen indicated she took some pills that made her very sick. She indicated she had pain in her stomach and couldn't stand up due to the pain. In order to keep the nausea away, she had to eat every two hours. A serious case of diarrhea continued for a long period of time. This continued for about three weeks. Ms. Nguyen described a number of other incidents of pain with her hip and elbow.

Board Member Seitz inquired about the dosage of pills taken. The first time, Ms. Nguyen took two pills and felt fine and became ill when she took four pills.

Ms. Nguyen visited Mr. Vo only one time—September 17, 2012. Board Member Rhodes asked why she took nine months to file the complaint—July 20, 2013. Ms. Nguyen indicated she was too weak and didn't understand what to do in filing a complaint.

Board Member Rhodes asked if Ms. Nguyen has seen other medical treatment since she was treated by Mr. Vo in Arizona or Minnesota. Ms. Nguyen recently relocated to the state of Minnesota. Ms. Nguyen stated she has seen a family doctor in both states. A number of tests were taken due to address the continuation of diarrhea and it was determined Ms. Nguyen has acid reflux and chronic diarrhea. Ms. Nguyen stated she is still experiencing stomach pain.

Board Member Martin referred to Ms. Nguyen's written complaint which states she has had diarrhea for 4 years. In addition, board rule R4-8-601 (E) states a complainant must file a complaint within 90 days of the alleged events and Ms. Nguyen did not file within that time frame.

Board Member Martin moved to dismiss Complaint #2014-02 with Board Member Jolley providing a second. The motion carried by unanimous vote: 8-0.

Adelman	Bronson	Buechel	Cho	Clair	Jolley	Martin	Rhodes	Seitz	Vote
	X	X	X	X	X	X	X	X	Aye
									Nay
									Recused
									Abstained
X									Absent

Executive Director Gonzalez explained the process utilized in reviewing the complaints filed by the Coalition of Arizona Acupuncture Safety against physical therapists for providing acupuncture services without a license.

The Board held a discussion on how physical therapists are “certified” in dry needling.

Board Member Bronson moved to dismiss the following complaints, without prejudice, with Board Member Jolley providing a second. In addition, the Board instructed the Executive Director to send a letter to the Arizona State Board of Physical Therapy regarding Complaint #2014-16, #2014-17, #2014-18, and #2014-19 whereby the listed physical therapists claim to be certified in dry needling. The motion carried by unanimous vote: 8-0.

- Complaint #2014-03 Sam Anderson, PT
- Complaint #2014-05 Jackie Doidge, PT
- Complaint #2014-07 Melissa Felder, PT
- Complaint #2014-08 Sean O. Flannagan, PT
- Complaint #2014-09 Jeffrey Foucier, PT
- Complaint #2014-10 Matthew Kraemer, PT
- Complaint #2014-11 D. Alex Matuszeski, PT
- Complaint #2014-14 Keith Fischer, PT
- Complaint #2014-15 Kristin Sartore, PT
- Complaint #2014-16 Mark Roberts, PT
- Complaint #2014-17 Gage Permar, PT
- Complaint #2014-18 Jacob Lashot, PT
- Complaint #2014-19 Carol Dickman, PT
- Complaint #2014-20 Jon Davison, PT

Adelman	Bronson	Buechel	Cho	Clair	Jolley	Martin	Rhodes	Seitz	Vote
	X	X	X	X	X	X	X	X	Aye
									Nay
									Recused
									Abstained
X									Absent

Applications for Licensure (without self-disclosures)

The Board reviewed the license applicant chart and Board Member Rhodes moved for the approval of the applicants for licensure listed below with Board Member Bronson providing a second. The motion carried by unanimous vote: 8-0.

Cassidy Dobratz
 Crystal M. Maylone
 Linda M. Lofaro

Adelman	Bronson	Buechel	Cho	Clair	Jolley	Martin	Rhodes	Seitz	Vote
	X	X	X	X	X	X	X	X	Aye
									Nay
									Recused
									Abstained
X									Absent

Executive Director’s Report

License and Certificate Status Report:

Active Licensed Acupuncturists: 550
 Expired Licenses: 7
 Active Certified Auricular Acupuncturists: 42

Board Office Information/Activities:

- Pursuant to Arizona Revised Statutes §32-3925 (B), license and certificate renewal notices for December 2013 licensees were prepared and sent. In addition, expired license and certificate letters for the month of September 2013 were sent.
- Completed and submitted the Report of Bonded Indebtedness and Lease Purchase or Third-Part Financing Contracts to the Arizona Department of Revenue.
- Completed and submitted the Filled FTE Positions and Electronic Transactions Report with the Joint Legislative Budget Committee.
- Participated in an advisory committee meeting with the NCCAOM regarding continuing education standards.

Budget Submission

- Refined the FY 2015 budget request for the Board with the Governor’s budget office. Included in this request are additional monies to hire contract investigators in addressing complaints filed with the Board and monies to contract with a court reporting service for complaint hearings.

Future Meeting Dates

November 14, 2013 (Thursday)

December 10, 2013 (Tuesday)

Call to the Public

Y.M. Chen, L.AC., shared his thoughts regarding the meeting of the physical therapy board. Mr. Chen believes the physical therapy board is misleading the public on the issue of dry needling.

Melissa Fletcher, L.AC., spoke about dry needling and asked to have the board discuss rules in the future. Ms. Fletcher believes everyone should have a good understanding of the rules currently in place.

Deb Malone, L.AC., thanked the Board for its efforts and hard work. Ms. Malone thinks the physical therapy board has abrogated their responsibilities. It is important that all regulatory boards make every effort to protect the public. Lastly, Ms. Malone sees the physical therapy board as being led and working like a trade association and not a regulatory board.

Della Estrada, L.AC., read the following letter:

Dear Members of the Acupuncture Board of Examiners,

As a licensed member of the acupuncture profession in Arizona, and a teacher of acupuncture, I would ask that you please give your attention to the contents of the letter herein, with the intention of understanding the necessity of adequate education and licensure standards for anyone practicing with filiform needles in this state with regard to maintaining public safety.

This letter clearly demonstrates how the public is endangered when there is disregard for adopting and enforcing these standards. This letter is addressed the PT Board but concerns the Acupuncture Board as well, as the physical therapy and acupuncture profession have a mutual interest in maintaining public safety with regards to the insertion of filiform needles for the purpose of eliciting a therapeutic effect.

I respectfully request that you include it in your October meeting agenda.

yours sincerely,

Susan Pistawka, L.Ac., M.Ac.O.M., B.Sc.Hon.

Dear Members of the Arizona Acupuncture Board of Examiners, I am writing to you about an issue that concerns us all, and present to you here an incident which is noteworthy and indicative of the potential for harm when education and licensing standards in the practice of acupuncture (and its pseudonym: dry needling) are too lax.

Introduction and Purpose

I am an acupuncturist of 11 years good standing, educated in biomedical sciences at a doctoral level at McGill University's faculty of medicine. In addition to working in a private clinic I am contracted for providing acupuncture services to clients at an integrated health care facility of national and international repute.

I also have 9 years of experience as an educator within the field of acupuncture and Chinese medicine and I would like to present to you a report on a patient told to me by an acupuncturist colleague here in Tucson, with the intention of increasing the awareness of the Physical Therapy and Acupuncture Boards about the level of education needed for the safe and effective handling of filiform needles in treatment.

This colleague related to me an incident with a patient of hers who was concurrently being treated by a PT. She is concerned that her identity and that of her patient not be disclosed in order to protect this patient's privacy. The patient did not wish to lodge a formal complaint against her physical therapist at this time, and it is not the intention of this letter to bring it to the board as a complaint. My retelling of it here is simply to illustrate the potential for harm when there is insufficient education, knowledge, supervised practice, adequate testing, and respect for licensure in the use of acupuncture (filiform) needles for the treatment of patients, and when the practitioner exceeds their scope of practice. May it serve as a wake-up call for all who choose to listen.

The Incident

This is how my colleague related the incident to me:

The patient who came to see her for acupuncture treatment had been a client she had treated periodically over a couple of years. This patient reported to her that she had been seeing a physical therapist who had been treating her for headaches on the temples, using what the PT profession chooses to call "dry needling" (though it is identical to a branch of knowledge within the field of acupuncture, and one could use the term acupuncture needling of painful or *ashi* points). She had two extremely large contusions over the area of the acupuncture point GB21 on both shoulders. (This area we call GB21 is located at the high point of the trapezius muscle on the shoulder). Her bruises were swollen, painful and extended more than 6 inches in diameter. When asked about it she told her acupuncturist that the physical therapist had been treating her headaches by inserting filiform needles into this point. ***The acupuncturist was concerned and let her patient know that this area should not be aggressively or deeply needled due to the danger of puncturing the lung.***

The treatment given by the PT had not helped her headache and so the acupuncturist needle LR3 and LI4 on the feet and hands, which she determined would be more appropriate for this patient's presentation. At the end of her treatment the headache was completely gone, and the acupuncturist instructed the patient to press on the points LR 3 and LI4 at home should the headache start to return. Three days later the patient contacted her to inform her that she had ***needled*** the points on the hand her acupuncturist had told her to ***press*** because she was getting a headache, and the ***needles*** had made the headache go away. The

acupuncturists was shocked and asked where she had gotten the needles. She was told that *her PT had given her needles with the instruction to needle GB21 on herself at the onset of a headache.*

The acupuncturist was alarmed at this and told the patient that her PT should not have given her needles under any circumstances and certainly not with instructions to needle herself, as this put her in very imminent danger. The patient was concerned and confused about why her physical therapist had given her these instructions if it was not safe. She decided at that time that she would not make a formal complaint about it as she liked her physical therapist and did not wish to cause trouble for her.

Evaluation of Standards of Education and Licensure

It is my hope that the Physical Therapy Board and the Acupuncture Board of Examiners will be very concerned by this report. Not because a formal complaint of harm should be lodged against this PT, though one could argue that would be appropriate under the circumstances. In my discernment it seems that she is the one least at fault here under any circumstances since she did not set the standards for her own education or licensure.

I believe it is important to examine this case in detail because it raises an enormous red flag about the potential for harm when PTs or other professionals do not receive sufficient and correct education in the area of needle insertion and manipulation, and when they undertake to practice outside their defined scope of practice. There are several things I would hope this incident would elucidate, and I will use the method of contrast and comparison with educational standards for needling that I am familiar with:

1. The PT was completely unaware or unconcerned about the legalities involved in giving needles to a patient with instructions to needle herself.

The legalities and requirements for licensure allowing the use of filiform needles under the authority of the acupuncture boards in this country is in itself a course of study in acupuncture schools everywhere. Every student in the school clinic learns from day one about the laws regarding the use and dissemination of needles in a public setting. These are learned from school policies, from their teachers and clinical supervisors who constantly demonstrate, by their own verbal and non-verbal communication, the safety guidelines established by the rules and statutes set out by the Acupuncture Board of Examiners in their state.

At the school where I teach needles are kept in a locked cabinet and signed for by students and supervisors. At the hospital where I work, needles are in a locked drawer and patients are never left alone in a room with needles. In clinically supervising students we understand that they practice under the auspices of our licenses, and that we, as well as the school, have both ethical and legal responsibilities for our students practicing safely. We must ensure that they understand and conduct their practice in accordance with the law. By national accreditation board standards we are allowed to supervise no more than four students concurrently, to ensure that we give adequate attention to what they

are doing with the needles entrusted to them. In this way patients, students, supervisors and the school are kept safe and our conduct is in accord with the law.

2. The PT was practicing acupuncture which she was not adequately trained or licensed to perform. She inserted filiform needles into her patient with the intention of eliciting a therapeutic effect. This, under the statutes of Arizona law, is defined as acupuncture.

Furthermore, she did not confine her needling to local painful “trigger points” which in acupuncture we call “*ashi* points”, but proceeded to diagnose and plan a treatment for a headache which her training did not prepare her for treating. It would seem from this report that the PT is practicing even outside the scope of what the PT Board defines as “dry needling.” By addressing the patient’s headache in the manner that she did, she did not confine her treatment to local points in the afflicted zone, but was needling distal points in order to treat - not a painful shoulder - but a headache. The headache was not located on the trapezius muscle trajectory or any of its insertions into the occiput but at a different site altogether, the side of the forehead. The insertion of needles in points distal from a condition is effective because of the knowledge of acupuncture channel trajectories and areas of influence that link even remote areas of the body.

Once again, this situation could only occur when there is insufficient education in helping the PT determine what it means to practice acupuncture within the statutes of the law.

3. The PT seemed completely oblivious to the risk of infection associated with giving needles to her patient. This is another course of study in itself requiring a minimum of 10 hours of a student’s attention, and all are required to pass national certification exams that demonstrate academic knowledge of infection prevention. Manual proficiency exams require students to demonstrate maintaining sterility during handling and inserting needles in numerous sites on their own body in accordance with CDC and OSHA standards. In addition they must show adequate knowledge in preventing the cross transference of diseases via contaminated needles between patient-patient between patient-practitioner, and environment-patient.

Other courses teach them about the medical conditions which put their patients at greater risk for infections and when needling should be circumscribed or avoided altogether. Students learn the proper protocol to follow when a needle stick does occur, for their own protection from hepatitis or AIDS infections. Clean needle technique is an important area of expertise. Testing alone in this area of knowledge can take the better part of a day. Passing the requisite exams is necessary before anyone undertaking to learn to practice with needles can ever put a needle into another human body. This area of practice and testing alone constitutes more time than is usually given for an entire course in “dry-needling”

4. The PT did not know how to properly needle GB21. It is not necessary to aggressively manipulate a needle in this area so as to induce such a large bruise, in order to efficaciously treat a headache. The result was not only painful and

damaging to the patient but would likely render any benefit for her headache negligible.

In addition, the point she needled on the trapezius is contraindicated to needling in certain situations and may induce abortion in pregnant women, fainting and seizures are also common enough for this point if the patient has blood sugar issues, has not eaten sufficiently prior to a treatment, or if the stimulation is too strong - inducing a condition of “shock”, something I have seen on several occasions. Fainting may cause serious injuries by itself if there is insufficient awareness and preparation to deal with this event. Deep and aggressive needling here can also cause a pneumothorax (punctured lung) if proper needling guidelines are ignored.

The anatomy of underlying nerves, blood vessels and internal organs, and the safe depth of needle insertion is highly specialized knowledge within the field of acupuncture. It must be rigorously studied and memorized as a map of the inner landscape that a needle will traverse before an area is mechanically stimulated to avoid inducing injuries to the organs and tissues. Anatomy courses typically taught in biomedical educational setting do not provide this type of education because they do not relate the anatomical landscape to the depth of needle insertion and the type of manipulation performed.

I have observed over and over again in my years of teaching that students do not translate abstract academic knowledge into practical knowledge without extensive repetition and feedback from teachers in clinical settings over fairly long periods of time. This has held true whether the students I have supervised had no knowledge of medical anatomy or were licensed in other medically related professions such as nursing which required fairly extensive prior knowledge of anatomy and some skill with needle insertion. It is certainly not something that can be learned in just a few hours, a few days, or even a few weeks of practical instruction.

Academic courses that relate anatomy to the depth of needle penetration within the contours of the anatomical landscape is so specialized that it requires many months of study and a minimum of 2 years of clinical practice so the student can demonstrate the proper depth of safe needle insertions and needle manipulations into all of the diverse areas of anatomy. The two or three years of study needed to accomplish this is followed by comprehensive exams to determine that a student has sufficient knowledge and skill to practice safely on their own.

In my estimation, after observing many scores of students learning this application, a 2 year length of time is barely sufficient to adequately acquire this skill and perform it safely solo. In addition students must learn all of the numerous contraindications for acupuncture such as the ones I mentioned above here for GB21. This greatly decreases the risk of causing harm.

5. The PT demonstrated that she did not understand that needles are instruments which may cause severe injury or death if they are not treated with respect and a knowledge of their proper use or she would not have advised her patient to needle herself in the manner she did. It seems that this PT had either learned or adopted an attitude which runs contrary to the common sense that most people have about

needles, that is, that needles must be used with care to avoid harm. This begs the question where did she acquire this attitude? Perhaps she had insufficient time with a supervisor who would teach her the correct attitude or perhaps she adopted this attitude from her teachers and peers who were themselves careless on this point. I have observed in my own teaching experience that an appropriate attitude is inculcated through months and years of learning and clinical practice with needles. Teachers impart to their students a reverence and respect for the needles - their ability to heal as well as their ability to harm. There is an appreciation that it takes time to learn the heightened sensitivity to what we are doing with the needles. By giving them due attention over time they become like extensions of our minds, our hands and our hearts. This sensitivity is acquired very gradually in a closely supervised setting over two to three years.

6. No matter what terminology one applies to attempt to distinguish what the physical therapy profession is practicing as apart and separate from the practice of acupuncture, the patient seemed confused about her treatments and unable to distinguish the difference between what her PT was doing to treat her headaches or what her acupuncturist was doing to treat her. She saw the needles as instruments that would treat her headache without distinction as to the method or the practitioner. She saw the same needles used in what her PT called dry-needling to be equivalent to the needles that her acupuncturist used and she equated them in her mind, in both cases, as instruments to treat her headache.

For those of us in the acupuncture profession who have worked so hard to establish safe guidelines for the practice of needling we are concerned that such unsafe practices as this PT demonstrated in her treatment will erode and undermine all that we have done to help the public regard acupuncture needles and practice as relatively painless and safe. In the mind of the public there is no discernment for whether the physical therapy profession calls what they do “dry needling” or acupuncture. In the public mind it is the same - and if they become fearful of needling then this will undo years of our patient and diligent work in the area of public education and it will undermine the public’s confidence in what we are all doing. So we must address the physical therapy profession with this request: please be aware that we do have a substantial stake in what you do and how you do it. You are undertaking to harm not only your own professional reputation but ours as well when you are negligent.

For the record, injury by filiform needle is always listed in statistics as an “acupuncture” injury with no mention made of the professional education and qualifications of the individuals involved. Acupuncturists are understandably concerned that all health practitioners who use filiform needles for any purpose do so with tremendous discernment because the public and the profession of acupuncture have the most to lose from the careless use of needles by other health care professionals.

The PT in this incident was negligent in the extreme about her patient’s safety and treated the use of needles very cavalierly, demonstrating that she had not assimilated the proper guidelines or knowledge needed to safely use needles with a patient. This negligence is demonstrated by the extent of the bruising, the reason for

giving the treatment, and by giving needles to her patient with instructions to needle herself and particularly to needle a point with significant risk of puncturing a lung if done without sufficient knowledge and skill. This need not be! If she had received adequate training it is unlikely that any of this would have happened. It takes considerable time and focused attention to acquire the skills necessary to practice safely and effectively with needles and the learning process cannot be rushed.

Call for Adequate Standards of Education and Licensure to Safeguard the Public

The case described here is not unique or isolated. There have been other cases of injury - some of them very serious - by individuals who were granted the authority to use needles with insufficient education or supervised clinical practice. These cases are well-documented so there is no need to repeat them here. If the physical therapy profession has a true regard for public welfare they will undertake their due diligence and look carefully at how and why these incidents occurred. They will understand their absolute responsibility for public welfare in creating safe educational and testing standards before licensure is granted to any individual within their profession using needles.

For my own part, and I know I speak for most of my colleagues because I have had numerous conversations with them on this subject, I will conclude by saying that we simply do not understand the resistance by another profession of health care workers such as the physical therapists, or any other healthcare professionals for that matter, to obtaining sufficient education to practice the insertion of needles for the therapeutic benefit of patients with safety and effectiveness. Wouldn't their patient's welfare be paramount in their minds when they add anything to their scope of practice? I would like to believe that the physical therapy profession would welcome learning - and I mean really learning - what another system of healing such as the insertion of needles into the body entails.

Myself and many of my colleagues have spent the last two decades, or even longer, in establishing and upholding educational standards in this country for those wishing to learn how to use needles safely in the treatment of physical conditions. Why would we waste our time and our money in obtaining an average of 3000 hours of education and training for ourselves if we did not believe it necessary for safe and effective practice? Our training reinforces in our minds a tremendous amount of respect for the needles we wield and of the context of understanding in which we treat.

Are you aware that in China it requires 5 years of intensive training to become a practitioner who is allowed to independently insert needles into a patient for the purpose of treating a physical condition?

That is 2 to 3 years beyond what is commonly required in acupuncture education in this country. Japan requires 3 years, Israel 4 years, Canada 3 to 4 years, most European countries average 3 or 4 years, or in some European countries, 2 years in conjunction with a medical degree. The educational requirements for anyone practicing acupuncture in this country are woefully inadequate by comparison, particularly in health care professions requiring less than a two year certification in

this treatment modality. How can 20 to 200 hours of training that some professions require for practitioners wishing to practice acupuncture (a.k.a dry needling or trigger point needling) be considered adequate? It is puzzling to us why the belief is so prevalent among those in this country using a biomedical model for the treatment of illness, that they think they can arrogate a fragment of information and a sliver of metal from another profession, and induce healing in a patient. To state this in another way: why do they think that they can take information and the practice of needling and remove it from a context of a complete understanding and holistic system of health care built up over thousands of years of clinical observation and practice, and believe that it will remain safe and efficacious? I believe it is of the utmost import that this question is addressed and answered in their minds: why do they believe that they can isolate a condition and treat it without it having far-reaching effects throughout the entire physical body of a patient when it has been both theorized and proven without doubt by physicists that *there is no such thing as an isolated system or an isolated effect within any physical system* - even in an apparently inert system - let alone in something as alive and as dynamic as the human body? This is stone-age thinking. And what kind of message are the teachers and licensing board members who are to set the standards for the physical therapy profession sending to the individuals in the profession they represent and to the public they claim to protect, when they tell PTs that is not a big deal to stick needles into patients' bodies and they reinforce the belief in them that they are already so knowledgeable that they can take a weekend class or two and do it safely? Why place your reputations in such jeopardy and jeopardize ours by association? We have acknowledged that we are willing to work with you in helping you to create educational and licensing guidelines which would allow PTs to practice safely and effectively. Instead you are choosing to ignore our requests for mutuality. You bypass the standards we have carefully set up in regard to education and legality, and you must believe that no one will notice that you are attempting to usurp a healing modality from another profession just because you have changed the name from acupuncture to dry-needling. Is this really how one group of health professionals should treat another? It seems unethical, unprofessional, and disrespectful. If all health professionals share the common goal of healing the people we serve, wouldn't everyone benefit more by respecting each other's mastery and working together for the good of all? I am truly puzzled why these issues are even before us and I pray that you will take a close look at what you are proposing and doing, because it has great potential for harm with concomitant legal consequences for you that I hope will be clearly illustrated by the case that I presented to you here.

Discussion of Items to be place on a future meeting agenda

No items were requested.

Adjournment

Board Member Bronson moved for adjournment and Board Member Seitz provided a second. The motion carried by unanimous vote: 8-0. The Board adjourned at 2:38 p.m.

Adelman	Bronson	Buechel	Cho	Clair	Jolley	Martin	Rhodes	Seitz	Vote
	X	X	X	X	X	X	X	X	Aye
									Nay
									Recused
									Abstained
X									Absent

Respectfully Submitted,



Pete Gonzalez
Executive Director

Approved by the Board: December 10, 2013