

SPORTS MEDICINE, INC.

Procedure: Functional Dry Needling

Dry needling is a neurophysiological, evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Physical therapists are well trained to utilize dry needling in conjunction with manual physical therapy interventions. Research supports that dry needling improves pain control, reduces muscle tension, normalizes biochemical and electrical dysfunction of motor endplates, and facilitates an accelerated return to active rehabilitation (AAOMPT 2009).

Any physical Therapist may refer patients to Linda A. Sharkey, DPT, for Functional Dry Needling (FDN) treatment.

Requirements:

- Functional Dry Needling (FDN) is **not** a stand-alone treatment and will not be performed as such.
 - Initial evaluation must be performed and completed before a patient can be treated with FDN.
 - Each patient will undergo brief assessment, including ROM and myotomes, as part of each FDN session.
 - Each patient will be assessed for contraindications and precautions for conditions that may preclude performance of FDN.
- Initial plan of care must include the phrase **Functional Dry Needling (as appropriate)** **OR** the POC must be updated with same in a SOAP note or addendum at time of referral.
 - Plan of care (initial or modified) **must** be signed by the referring physician before FDN treatment can be performed.
- Treatment area must be **within current incident of care**, **OR** patient must be scheduled for an initial evaluation of the new treatment area, either with the primary PT or with Linda Sharkey.
 - You must contact the Billing Manager to confirm insurance coverage for additional evaluation of a new treatment area.
- Provide patient with a copy of the FDN Frequently Asked Questions sheet.
- Additional FDN sessions will be scheduled based upon patient response to the initial treatment.

Written: 10-03-2018

Approved:

Reviewed/Revised:

Signature:

Date Signed:

Reviewed/Revised: 12-2018

Signature: 

Date Signed: 5/28/19

Reviewed/Revised:

Signature

Date Signed: