

AN ACT concerning regulation.

**Be it enacted by the People of the State of Illinois,  
represented in the General Assembly:**

Section 5. The Illinois Athletic Trainers Practice Act is amended by adding Section 4.5 as follows:

(225 ILCS 5/4.5 new)

Sec. 4.5. Use of dry needling.

(a) For the purpose of this Act, "dry needling", also known as intramuscular therapy, means an advanced needling skill or technique limited to the treatment of myofascial pain, using a single use, single insertion, sterile filiform needle (without the use of heat, cold, or any other added modality or medication), that is inserted into the skin or underlying tissues to stimulate trigger points. Dry needling may apply theory based only upon Western medical concepts, requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. "Dry needling" does not include the teaching or application of acupuncture described by the stimulation of auricular points, utilization of distal points or non-local points, needle retention, application of retained electric stimulation leads, or other acupuncture theory.

(b) An athletic trainer licensed under this Act may only

perform dry needling after completion of requirements, as determined by the Department by rule, that meet or exceed the following: (1) 50 hours of instructional courses that include, but are not limited to, studies in the musculoskeletal and neuromuscular system, the anatomical basis of pain mechanisms, chronic pain, and referred pain, myofascial trigger point theory, and universal precautions; (2) completion of at least 30 hours of didactic course work specific to dry needling; (3) successful completion of at least 54 practicum hours in dry needling course work; (4) completion of at least 200 supervised patient treatment sessions; and (5) successful completion of a competency examination. Dry needling shall only be performed by a licensed athletic trainer upon referral.

Section 10. The Illinois Occupational Therapy Practice Act is amended by changing Section 2 and by adding Section 3.7 as follows:

(225 ILCS 75/2) (from Ch. 111, par. 3702)

(Section scheduled to be repealed on January 1, 2024)

Sec. 2. Definitions. In this Act:

(1) "Department" means the Department of Financial and Professional Regulation.

(2) "Secretary" means the Secretary of the Department of Financial and Professional Regulation.

(3) "Board" means the Illinois Occupational Therapy Licensure Board appointed by the Secretary.

(4) "Occupational therapist" means a person initially registered and licensed to practice occupational therapy as defined in this Act, and whose license is in good standing.

(5) "Occupational therapy assistant" means a person initially registered and licensed to assist in the practice of occupational therapy under the supervision of a licensed occupational therapist, and to implement the occupational therapy treatment program as established by the licensed occupational therapist.

(6) "Occupational therapy" means the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and provide interventions for individuals, groups, and populations who have a disease or disorder, an impairment, an activity limitation, or a participation restriction that interferes with their ability to function independently in their daily life roles, including activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Occupational therapy services are provided for the purpose of habilitation, rehabilitation, and to promote health and wellness. Occupational therapy may be provided via technology or telecommunication methods, also known as telehealth, however the standard of care shall be the same whether a patient is seen in person, through telehealth, or other method of electronically enabled health care.

Occupational therapy practice may include any of the following:

(a) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes;

(b) modification or adaptation of task, process, or the environment or the teaching of compensatory techniques in order to enhance performance;

(c) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and

(d) health and wellness promotion strategies, including self-management strategies, and practices that enhance performance abilities.

The licensed occupational therapist or licensed occupational therapy assistant may assume a variety of roles in his or her career including, but not limited to, practitioner, supervisor of professional students and volunteers, researcher, scholar, consultant, administrator, faculty, clinical instructor, fieldwork educator, and educator of consumers, peers, and family.

(7) "Occupational therapy services" means services that may be provided to individuals, groups, and populations, when provided to treat an occupational therapy need, including the following:

(a) evaluating, developing, improving, sustaining, or restoring skills in activities of daily living, work, or productive activities, including instrumental activities of daily living and play and leisure activities;

(b) evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance with considerations for cultural context and activity demands that affect performance;

(c) designing, fabricating, applying, or training in the use of assistive technology, adaptive devices, seating and positioning, or temporary, orthoses and training in the use of orthoses and prostheses;

(d) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;

(e) for the occupational therapist or occupational therapy assistant possessing advanced training, skill, and competency as demonstrated through criteria that shall be determined by the Department, applying physical agent modalities, including dry needling, as an adjunct to or in preparation for engagement in occupations;

(f) evaluating and providing intervention in collaboration with the client, family, caregiver, or others;

(g) educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions;

(h) consulting with groups, programs, organizations, or communities to provide population-based services;

(i) assessing, recommending, and training in techniques to enhance functional mobility, including wheelchair management;

(j) driver rehabilitation and community mobility;

(k) management of feeding, eating, and swallowing to enable or enhance performance of these tasks;

(l) low vision rehabilitation;

(m) lymphedema and wound care management;

(n) pain management; and

(o) care coordination, case management, and transition services.

(8) (Blank).

(9) "Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file as maintained by the Department's licensure maintenance unit. It is the duty of the applicant or licensee to inform the Department of any change of address, and those changes must be made either through the Department's website or by contacting the Department.

(Source: P.A. 98-264, eff. 12-31-13.)

(225 ILCS 75/3.7 new)

Sec. 3.7. Use of dry needling.

(a) For the purpose of this Act, "dry needling", also

known as intramuscular therapy, means an advanced needling skill or technique limited to the treatment of myofascial pain, using a single use, single insertion, sterile filiform needle (without the use of heat, cold, or any other added modality or medication), that is inserted into the skin or underlying tissues to stimulate trigger points. Dry needling may apply theory based only upon Western medical concepts, requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. "Dry needling" does not include the teaching or application of acupuncture described by the stimulation of auricular points, utilization of distal points or non-local points, needle retention, application of retained electric stimulation leads, or other acupuncture theory.

(b) An occupational therapist or occupational therapy assistant licensed under this Act may only perform dry needling after completion of requirements, as determined by the Department by rule, that meet or exceed the following: (1) 50 hours of instructional courses that include, but are not limited to, studies in the musculoskeletal and neuromuscular system, the anatomical basis of pain mechanisms, chronic pain, and referred pain, myofascial trigger point theory, and universal precautions; (2) completion of at least 30 hours of didactic course work specific to dry needling; (3) successful completion of at least 54 practicum hours in dry needling course work; (4) completion of at least 200 supervised patient

treatment sessions; and (5) successful completion of a competency examination. Dry needling shall only be performed by a licensed occupational therapist or licensed occupational therapy assistant upon referral.

Section 15. The Illinois Physical Therapy Act is amended by changing Sections 1, 1.2, and 1.5 as follows:

(225 ILCS 90/1) (from Ch. 111, par. 4251)

(Section scheduled to be repealed on January 1, 2026)

Sec. 1. Definitions. As used in this Act:

(1) "Physical therapy" means all of the following:

(A) Examining, evaluating, and testing individuals who may have mechanical, physiological, or developmental impairments, functional limitations, disabilities, or other health and movement-related conditions, classifying these disorders, determining a rehabilitation prognosis and plan of therapeutic intervention, and assessing the ongoing effects of the interventions.

(B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic



massage, therapeutic exercise, mobilization, dry needling, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.

(C) Reducing the risk of injury, impairment, functional limitation, or disability, including the promotion and maintenance of fitness, health, and wellness.

(D) Engaging in administration, consultation, education, and research.

"Physical therapy" includes, but is not limited to: (a) performance of specialized tests and measurements, (b) administration of specialized treatment procedures, (c) interpretation of referrals from physicians, dentists, advanced practice registered nurses, physician assistants, and podiatric physicians, (d) establishment, and modification of physical therapy treatment programs, (e) administration of topical medication used in generally accepted physical therapy procedures when such medication is either prescribed by the patient's physician, licensed to practice medicine in all its branches, the patient's physician licensed to practice podiatric medicine, the patient's advanced practice registered nurse, the patient's physician assistant, or the patient's dentist or used following the physician's orders or written instructions, (f) supervision or teaching of physical therapy,

and (g) dry needling in accordance with Section 1.5. "Physical therapy" does not include radiology, electrosurgery, acupuncture, chiropractic technique or determination of a differential diagnosis; provided, however, the limitation on determining a differential diagnosis shall not in any manner limit a physical therapist licensed under this Act from performing an evaluation and establishing a physical therapy treatment plan pursuant to such license. Nothing in this Section shall limit a physical therapist from employing appropriate physical therapy techniques that he or she is educated and licensed to perform.

(2) "Physical therapist" means a person who practices physical therapy and who has met all requirements as provided in this Act.

(3) "Department" means the Department of Professional Regulation.

(4) "Director" means the Director of Professional Regulation.

(5) "Board" means the Physical Therapy Licensing and Disciplinary Board approved by the Director.

(6) "Referral" means a written or oral authorization for physical therapy services for a patient by a physician, dentist, advanced practice registered nurse, physician assistant, or podiatric physician who maintains medical supervision of the patient and makes a diagnosis or verifies that the patient's condition is such that it may be treated by

a physical therapist.

(7) (Blank).

(8) "State" includes:

(a) the states of the United States of America;

(b) the District of Columbia; and

(c) the Commonwealth of Puerto Rico.

(9) "Physical therapist assistant" means a person licensed to assist a physical therapist and who has met all requirements as provided in this Act and who works under the supervision of a licensed physical therapist to assist in implementing the physical therapy treatment program as established by the licensed physical therapist. The patient care activities provided by the physical therapist assistant shall not include the interpretation of referrals, evaluation procedures, or the planning or major modification of patient programs.

(10) "Physical therapy aide" means a person who has received on the job training, specific to the facility in which he is employed.

(11) "Advanced practice registered nurse" means a person licensed as an advanced practice registered nurse under the Nurse Practice Act.

(12) "Physician assistant" means a person licensed under the Physician Assistant Practice Act of 1987.

(13) "Health care professional" means a physician, dentist, podiatric physician, advanced practice registered

nurse, or physician assistant.

(Source: P.A. 99-173, eff. 7-29-15; 99-229, eff. 8-3-15; 99-642, eff. 7-28-16; 100-201, eff. 8-18-17; 100-418, eff. 8-25-17; 100-513, eff. 1-1-18; 100-863, eff. 8-14-18; 100-897, eff. 8-16-18.)

(225 ILCS 90/1.2)

(Section scheduled to be repealed on January 1, 2026)

Sec. 1.2. Physical therapy services.

(a) A physical therapist may provide physical therapy services to a patient with or without a referral from a health care professional.

(b) A physical therapist providing services without a referral from a health care professional must notify the patient's treating health care professional within 5 business days after the patient's first visit that the patient is receiving physical therapy. This does not apply to physical therapy services related to fitness or wellness, unless the patient presents with an ailment or injury.

(b-5) A physical therapist providing services to a patient who has been diagnosed by a health care professional as having a chronic disease that may benefit from physical therapy must communicate at least monthly with the patient's treating health care professional to provide updates on the patient's course of therapy.

(c) A physical therapist shall refer a patient to the

patient's treating health care professional of record or, in the case where there is no health care professional of record, to a health care professional of the patient's choice, if:

(1) the patient does not demonstrate measurable or functional improvement after 10 visits or 15 business days, whichever occurs first, and continued improvement thereafter;

(2) the patient was under the care of a physical therapist without a diagnosis established by a health care professional of a chronic disease that may benefit from physical therapy and returns for services for the same or similar condition after 30 calendar days of being discharged by the physical therapist; or

(3) the patient's condition, at the time of evaluation or services, is determined to be beyond the scope of practice of the physical therapist.

(d) Wound debridement services may only be provided by a physical therapist with written authorization from a health care professional.

(e) A physical therapist shall promptly consult and collaborate with the appropriate health care professional anytime a patient's condition indicates that it may be related to temporomandibular disorder so that a diagnosis can be made by that health care professional for an appropriate treatment plan.

(Source: P.A. 100-897, eff. 8-16-18.)

(225 ILCS 90/1.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 1.5. Dry needling.

(a) For the purpose of this Act, "dry needling", also known as intramuscular therapy, means an advanced needling skill or technique limited to the treatment of myofascial pain, using a single use, single insertion, sterile filiform needle (without the use of heat, cold, or any other added modality or medication), that is inserted into the skin or underlying tissues to stimulate trigger points. Dry needling may apply theory based only upon Western medical concepts, requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the teaching or application of acupuncture described by the stimulation of auricular points, utilization of distal points or non-local points, needle retention, application of retained electric stimulation leads, or ~~the teaching or application of~~ other acupuncture theory.

(b) A physical therapist or physical therapist assistant licensed under this Act may only perform dry needling after completion of requirements, as determined by the Department by rule, that meet or exceed the following: (1) 50 hours of instructional courses that include, but are not limited to, studies in the musculoskeletal and neuromuscular system, the anatomical basis of pain mechanisms, chronic and referred

pain, myofascial trigger point theory, and universal precautions; (2) completion of at least 30 hours of didactic course work specific to dry needling; (3) successful completion of at least 54 practicum hours in dry needling course work; (4) completion of at least 200 supervised patient treatment sessions; and (5) successful completion of a competency examination. Dry needling shall only be performed by a licensed physical therapist or licensed physical therapist assistant. A physical therapist licensed under this Act may only perform dry needling under the following conditions as determined by the Department by rule:

~~(1) Prior to completion of the education under paragraph (2) of this subsection, successful completion of 50 hours of instruction in the following areas:~~

- ~~(A) the musculoskeletal and neuromuscular system;~~
- ~~(B) the anatomical basis of pain mechanisms, chronic pain, and referred pain;~~
- ~~(C) myofascial trigger point theory; and~~
- ~~(D) universal precautions.~~

~~(2) Completion of at least 30 hours of didactic course work specific to dry needling.~~

~~(3) Successful completion of at least 54 practicum hours in dry needling course work approved by the Federation of State Boards of Physical Therapy or its successor (or substantial equivalent), as determined by the Department. Each instructional course shall specify~~

~~what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling. Each instruction course shall include the following areas:~~

~~(A) dry needling technique;~~

~~(B) dry needling indications and contraindications;~~

~~(C) documentation of dry needling;~~

~~(D) management of adverse effects;~~

~~(E) practical psychomotor competency; and~~

~~(F) the Occupational Safety and Health Administration's Bloodborne Pathogens standard.~~

~~Postgraduate classes qualifying for completion of the mandated 54 hours of dry needling shall be in one or more modules, with the initial module being no fewer than 27 hours, and therapists shall complete at least 54 hours in no more than 12 months.~~

~~(4) Completion of at least 200 patient treatment sessions under supervision as determined by the Department by rule.~~

~~(5) Successful completion of a competency examination as approved by the Department.~~

~~Each licensee is responsible for maintaining records of the completion of the requirements of this subsection (b) and shall be prepared to produce such records upon request by the Department.~~



(c) (Blank). ~~A newly licensed physical therapist shall not practice dry needling for at least one year from the date of initial licensure unless the practitioner can demonstrate compliance with subsection (b) through his or her pre licensure educational coursework.~~

(d) (Blank). ~~Dry needling may only be performed by a licensed physical therapist and may not be delegated to a physical therapist assistant or support personnel.~~

(e) (Blank). ~~A physical therapist shall not advertise, describe to patients or the public, or otherwise represent that dry needling is acupuncture, nor shall he or she represent that he or she practices acupuncture unless separately licensed under the Acupuncture Practice Act.~~

(Source: P.A. 100-418, eff. 8-25-17.)