



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

ACUPUNCTURIST ADVISORY COMMITTEE
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
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acupuncture@pr.mo.gov

Loree V. Kessler, MPA
Executive Director

**Conference Call
Missouri Acupuncturist Advisory Committee
February 22, 2013 - 8:30 a.m.
Toll Free Number – 877-820-7831
Pin - 35666479#
Division of Professional Registration
3605 Missouri Boulevard - Jefferson City, Missouri**

Notification of special needs as addressed by the American with Disabilities Act should be forwarded to the Missouri Acupuncture Advisory Committee, P. O. Box 1335, 3605 Missouri Boulevard, Jefferson City, Missouri 65102 or by calling (573) 526-1555 to ensure available accommodations. The text telephone for the hearing impaired is (800) 735-2966.

Except to the extent disclosure is otherwise required by law, the Missouri Acupuncture Advisory Committee is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021 subsections (1), (3), (5), (7), (13), (14), and Chapter 324.001.8 and 324.001.9 RSMo.

The Committee may convene in closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public, with the motion and vote recorded in open session minutes.

Please see attached agenda for this meeting.

Attachment

Missouri Acupuncturist Advisory Committee
Open Session Agenda
February 22, 2012
Page 1

Conference Call
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February 22, 2013 - 8:30 a.m.
Toll Free Number – 877-820-7831
Pin - 35666479#
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3605 Missouri Boulevard - Jefferson City, Missouri

Call to Order

Jane Van Sant, Chairperson

Roll Call

Approval of the Agenda

Approval of Open Session Minutes

- December 14, 2012 Conference Call Minutes

AAAOM

- Payment of Dues

Regulation

- Fee Reduction

Dry Needling

- Correspondence from Chris Powell

Meeting Schedule

Motion to Close

Pursuant to sections 610.021 subsection (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant, section 610.021 subsection (1) RSMo for the purpose of discussing general legal actions, causes of action or litigation and any confidential or privileged communications between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsections of 610.021 RSMo which authorized this agency to go into closed session during those meetings.

Adjournment

OPEN SESSION MINUTES
Missouri Acupuncturist Advisory Committee
December 14, 2012 – 8:30 a.m.
Missouri Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

At 8:42 a.m., the Missouri Acupuncturists Advisory Committee telephone conference call meeting was called to order by Jane Van Sant, chairperson, at the Missouri Division of Professional Registration, located at 3605 Missouri Boulevard, Jefferson City, Missouri.

Advisory Committee Members Present

Jane Van Sant, Chairperson
Kathleen Coleton
Jason Hackler

Staff Present

Loree Kessler, Executive Director
Greg Mitchell, Counsel

Ms. Van Sant indicated she would be voting in open and closed session.

A motion was made by Ms. Coleton and seconded by Mr. Hackler to approve the open session agenda. Advisory committee members voting aye: Ms. Coleton, Mr. Hackler, and Ms. Van Sant. Motion carried unanimously.

A motion was made by Ms. Coleton and seconded by Mr. Hackler to approve the open session minutes of the October 12 conference call, and the mail ballot minutes of November 6 and 16. Advisory committee members voting aye: Ms. Coleton, Mr. Hackler, and Ms. Van Sant. Motion carried unanimously.

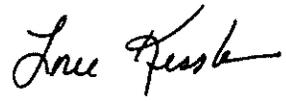
Meeting Schedule

The advisory committee tentatively scheduled a conference call for 8:30 a.m. on February 22, 2013.

At 8:44 a.m., a motion was made by Ms. Coleton and seconded by Mr. Hackler to convene in closed session pursuant to sections 610.021 subsection (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant, section 610.021 subsection (1) RSMo for the purpose of discussing general legal actions, causes of action or litigation and any confidential or privileged communications between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsections of 610.021 RSMo which authorized this agency to go into closed session during those meetings. Advisory committee members voting aye: Ms. Coleton, Mr. Hackler, and Ms. Van Sant. Motion carried unanimously.

At 8:46 a.m., a motion was made by Mr. Hackler and seconded by Ms. Coleton to convene in open session and adjourn the conference call meeting. Advisory committee members voting aye: Ms. Coleton, Mr. Hackler, and Ms. Van Sant. Motion carried unanimously.

Acupuncturist Advisory Committee
Open Session Minutes
December 14, 2012
Page 1



Executive Director

Approved by Advisory Committee on

000127 OCT 23 09



Please remit payment to:

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www.aaaonline.org

AAAOM

Invoice

Date	Invoice #
10/3/2012	300003974

Bill To
Missouri Acupuncturist Advisory Committee National Organization Partner 3605 Missouri Blvd Jefferson City, Missouri 65109-5770 United States

Member Information
Missouri Acupuncturist Advisory Committee National Organization Partner 3605 Missouri Blvd Jefferson City, Missouri 65109-5770 United States

Terms	Due Date
Due on receipt	10/3/2012

Description	Amount
National Organization Partners	\$450.00
Total	\$450.00
Balance Due	\$450.00

THANK YOU for your membership and support. **YOU ARE APPRECIATED!**

Questions regarding this renewal statement, please contact our office at 866-455-7999.



Jeremiah W. (Jay) Nixon
Governor
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Loree V. Kessler, MPA
Executive Director

Memo

To: Advisory Committee Members

From: Loree Kessler

A handwritten signature in black ink that reads "Loree Kessler".

CC:

Date: February 15, 2013

RE: Regulation – Fee Reduction

Two requests for a regulatory change are attached with very similar language. The first regulation is the emergency regulation that would reduce the renewal fee for the upcoming cycle to \$200. The second amends the regulation at the same amount for future renewal cycles.

These requests have been forwarded to the division to begin processing for filing. You will need to move to approve these requests and when the chiropractic board has quorum, these requests will be submitted to that board as well.



BOARD CODES			
1	Accountancy	18	LPC
2	Acupuncture	19	Massage Therapy
3	APELSLA	20	MFT
4	Athlete Agents	21	Nursing
5	Athletics	22	Occupational Therapy
6	Behavior Analysts	23	Optometry
7	Chiro	24	Pharmacy
8	Cosbar	25	Podiatry
9	Dentist	26	Pls/PFI
10	Dietitians	27	Professional Registration
11	Embalmers	28	Psychology
12	Endowed Care	29	Real Estate
13	Geologists	30	Real Estate Appraisers
14	Healing Arts	31	Respiratory Care
15	BEHIS	32	Social Work
16	Interior Design	33	Tattoo
17	Interpreters	34	Veterinary

Current Rule Number	
20 CSR 2015-1.030	
Current Rule Name	
Fees	
Type of Rulemaking	
<input type="checkbox"/>	New
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Rescission
<input type="checkbox"/>	Rescission/Readoption
<input checked="" type="checkbox"/>	Emergency
Statutory Authority	
Section 324.481.3(6) RSMo	
Supporting Documentation Completed	
<input type="checkbox"/>	SOS Copy to Amend
<input type="checkbox"/>	Governor's Office Memo - Tab 2
<input type="checkbox"/>	SBRFB - Tab 3
Subject of Rule Packet	

OVERVIEW

1. In a few brief sentences, describe what this change does and why it is needed. (Information could include, but is not limited to legislative action (include bill number and date passed by legislature) national standards, federal requirements, litigation/disciplinary issues, etc). If there are more than one change being addressed by this promulgation, indicate as Issue 1, Issue 2 and so forth.

GO1 A reduction to the licensure renewal fee is needed to comply with the law regarding the cost of
SB1 administering the licensure law and avoid the potential transfer or sweep of the Acupuncturist Advisory Committee Fund pursuant to section 324.481.3(6) RSMo that authorizes the State Board of Chiropractic Examiners to, "Upon recommendation of the committee, set all fees, by rule, necessary to administer the provisions of sections 324.475 to 324.499." Section 324.481.7 RSMo authorizes the transfer of funds to general revenue as follows, "...money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the acupuncturist fund for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the acupuncturist fund for the preceding fiscal year."

2. Describe the current rule and then describe how the revision will change the rule.

Sample Answer: Currently, a licensee must send in their application on yellow paper. After the change, the licensee will send in their application on black and gold paper.

GO1 The amended language reduces the biennial renewal fee from \$300 to \$200
SB1

DEADLINES

3. Is there a deadline?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

4. If yes, when and why then? If not, why does the board want to file it now?

GO7 Licensure renewal notices are sent, via regular mail, at the end of April, 2013. Therefore, the regulation regarding the renewal fee must be effective to authorize the collection of the \$200 renewal fee.

5. If there is a deadline, what will happen if the deadline is not met?

GO7 If the deadline is not met, the biennial renewal fee will remain at \$300 and a portion of the fund will be transferred to general revenue.

IMPACT OF CHANGE

6. What issue does the change address?

SB1 A reduction in the biennial renewal fee is needed to comply with the law addressing the cost of
GO2 administering the licensure law and avoid the potential transfer or sweep from the Acupuncturist Fund. Section 324.481.3(6) RSMo authorizes the State Board of Chiropractic Examiners to, "Upon recommendation of the committee, set all fees, by rule, necessary to administer the provisions of sections 324.475 to 324.499." Section 324.481.7 RSMo authorizes the transfer of funds to general revenue as follows, "...money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the acupuncturist fund for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the acupuncturist fund for the preceding fiscal year."

7. If this change is implemented, what will happen?

GO2 The biennial renewal fee will decrease from \$300 to \$200.

8. If this change is not implemented, what will happen?

GO2 The biennial renewal fee will remain at \$300 and a portion of the fund will be transferred to general revenue.

9. Why is the change necessary for the profession?

GO2 The primary reason for the reduction in the biennial renewal fee is to reduce the fund balance in compliance with law.

Additionally, over time the profession has experienced an increase in licensees and corresponding revenues and the application fee was reduced by \$100 in fiscal year 2012 to address this increase. Given the number of licenses subject to renewal in fiscal year 2013 (116), and past history of licenses renewed, decreasing the renewal fee is a cost saving measure and exemplifies the advisory committee's effort to reduce compliance costs and not jeopardize the quality of service provided to Missouri consumers.

10. Identify any other rules within the same 20 CSR that will be impacted by the change to this rule and explain any perceived impact.

Not applicable

11. Identify any rules outside the same 20 CSR that the board analyzed to determine whether other rules would be impacted by this change and decided there would be no impact; and describe any such rules and briefly explain their analysis.

No other regulations outside 20 CSR 2015 required analysis because the requested amended language relates to fees and corresponding revenue generated from a fee.

12. Describe any and all options the board considered to resolve the issue addressed by this proposal and why the specific option promulgated in the regulation was chosen.

SB1 Revenue received and compliance costs over the last three fiscal years and biennial cycles were analyzed to determine if income and/or costs fluctuated greatly from year to year. Licenses that were not renewed were compared to new applications for licensure to determine if a decrease in the licenses not renewed was offset by new applications for licensure.

In fiscal year 2011, eighty-eight (88) renewal notices were sent with five (5) licenses not renewed. In fiscal year 2009, there were sixty (60) renewal notices sent and thirteen (13) licenses not renewed. In fiscal year 2007, there were sixty (60) renewal notices sent and fourteen (14) licenses not renewed. Over this five year timeframe the advisory committee received sixty-nine (69) applications for licensure, thereby, off-setting revenue lost due to licenses not being renewed.

Over the past three years, new applications have been stable, averaging eleven new applications per fiscal year and in fiscal year 2012, the application for licensure was reduced from \$300 to \$200. Considering the sharing of resources and the relative stability of new applications and renewed licenses, the acupuncture committee is requesting the board to reduce the biennial renewal fee.

13. Will another state agency be impacted by this change?

Yes, If yes, explain in detail.

No

GO6

HISTORY

14. Has the topic of this proposal been the subject of previous board/profession based litigation or legislation that relates to this change. If yes, describe in full detail including bill number or case names and citations.

Yes, If yes, explain in detail.

No

GO3

15. What was the first thing that happened that made the board think that this rule change was needed? Explain fully.

GO3 See response to question #12

16. Has this change or any similar change been proposed by this board before? If so, explain in detail, including the rule number and any information related to the implementation of a similar rule.

Yes, If yes, explain in detail.

No

GO3 The renewal fee history is as follows: 2005 no renewal fee due to funds collected during initial application and 2003 biennial cycle; 2007 renewal fee = \$75; 2009 renewal fee = \$225; 2011 renewal fee = \$150. Additionally, in fiscal year 2012 the application fee was reduced from \$300 to \$200.

17. Has any other PR board proposed this change or a similar change before? If so, explain in detail, including the rule number and any information related to the implementation of a similar rule.

Yes, If yes, explain in detail.

No

GO3 Not applicable

18. If relevant, describe whether the licensing board(s) of any other states) have proposed rules similar to this change.

GO3 Not applicable

INTERESTED PARTIES

19. What groups have a stake in this? Have they seen this? When and how? What do they think?

GO6 Acupuncturists renewing the credential for the 2013-2015 biennial cycle have a stake in this language. The proposed emergency amendment will result in a cost savings of \$100 to each licensee renewing for the 2013-2015 biennial cycle and a corresponding reduction in revenue to the advisory committee's fund. During past legislative sessions, measures have been introduced (SB 222 – 2007; HB 2433, HB 2305, SB 1000 – 2010, and SB 899 - 2012) amending statutory provisions for transferring fee based funds into general revenue. While the Missouri Acupuncturist Association has not reviewed the proposed renewal fee reduction, it has been supportive of the advisory committee's efforts to reduce licensure and renewal fees.

20. List and describe the communications that have occurred between the board/board staff and others regarding this change. Include board meetings, correspondence/e-mail, newsletters, telephone calls, persons visited or other meetings attended. Identify the date, location, purpose, persons present, persons participating and a summary of the communication.

GO6 During conference calls and meetings, the advisory committee is provided an update regarding revenue and expenditures for the current fiscal year.
SB2 Acupuncture Open Session
Page 9 Projections information regarding the fund balance, and the

potential for a fund sweep.

21. Similarly list and describe any other communications regarding this change of which the board/board staff are aware of but were not a part.

GO6 Not applicable
SB2

22. Is there any individual or group that is or will be for or against this change? Identify such and describe briefly what is understood of their position.

GO6 In the past the Missouri Acupuncturist Association has been supportive of the advisory committee's efforts to reduce licensure and renewal fees.
SB2

FISCAL IMPACT

23. Will the applicant or licensee be required to pay more or less money to the board or to anyone else as a result of this change?

<input type="checkbox"/>	More. If more, explain why.
<input checked="" type="checkbox"/>	Less. If less, explain why.
<input type="checkbox"/>	No Difference
The renewal fee will be decreased from \$300 to \$200.	

24. If the change imposes a fee, is there clear statutory authority for the fee? List the applicable section(s) and subsection(s).

<input checked="" type="checkbox"/>	Yes. If yes, explain in detail.
<input type="checkbox"/>	No
Section 324.481.3(6) RSMo authorizes the State Board of Chiropractic Examiners to, "Upon recommendation of the committee, set all fees, by rule, necessary to administer the provisions of sections 324.475 to 324.499."	

25. If the change imposes some other additional cost, is there clear statutory authority for the additional cost? List the applicable section(s) and subsection(s).

GO6

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input type="checkbox"/>	No
Not applicable	

26. Will the applicant or licensee be required to spend more or less time toward compliance as a result of this change?

<input type="checkbox"/>	More. If more, explain why.
<input type="checkbox"/>	Less. If less, explain why.
<input checked="" type="checkbox"/>	No Change

27. Will there be any other impact on the applicant or licensee as a result of this change?

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input checked="" type="checkbox"/>	No

28. Estimate cost to the licensee or applicant.

Type and Number of Entities Affected			Current Fee	New Fee	Fee Type	Entity Receiving Fee	Annual or Biennial Fee
Licenses	Applicants	Businesses					
100	#	#	300	200	Renewal		Biennial
type	type	type					
#	#	#					
type	type	type					
#	#	#					
type	type	type					

Type and Number of Entities Affected			Other Costs	Amount of Fee	Entity Receiving Fee	Annual or Biennial Fee
Licensees	Applicants	Businesses				
#	#	#	Notary	\$2.00		
type	type	type				
#	#	#	Transcript	\$10.00		
type	type	type				
#	#	#	Postage	\$0.44		
type	type	type				
#	#	#	Photo	\$7.50		
type	type	type				
#	#	#	Other (please specify)			
type	type	type				
#	#	#	Other (please specify)			
type	type	type				
#	#	#	Other (please specify)			
type	type	type				

29. Does the board anticipate the number of licensees/applicants/business to increase or decrease in future years?

<input type="checkbox"/>	Yes. If yes, explain in detail (percentage of increase/decrease; annually/biennially, etc)
<input checked="" type="checkbox"/>	No Change

30. Specify the source of the estimates above (i.e., FY11 actuals, FY12 projections).

First, a comprehensive review of anticipated expenditures was conducted. A breakdown of the categories of expenditures over the prior three fiscal years is used to project future costs in the areas of transfers, personal services, and expense and equipment.

Secondly, an average of anticipated licenses subject to renewal in the upcoming biennial renewal cycle is derived by examining renewals from three prior renewal cycles to project anticipated income over the next five fiscal years.

Third, cost and revenue projections are then compared to determine: 1) revenue required to pay costs of administering the licensure law; 2) when applicable, time frame for an increase or decrease in licensure fees; and 3) compliance with section 324.481.7 RSMo that authorizes the advisory committee to maintain a fund balance of no more than three times the appropriation based upon a biennial renewal cycle.

31. Will the board incur additional expenses as a result of this change?

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input checked="" type="checkbox"/>	No

Staffing					
Number of Members	Time (minutes or hours)	Position	Salary		
		Account Clerk II	\$23,796	-	\$25,800
		Administrative Office Support Assistant	\$25,944	-	\$28,140
		Executive I	\$25,596	-	\$31,176
		Investigator II	\$34,644	-	\$37,968
		Legal Counsel	\$49,500	-	\$61,919
		Licensure Technician I	\$21,984	-	\$23,796
		Licensure Technician II	\$24,576	-	\$26,640
		Office Support Assistant	\$21,372	-	\$23,064
		Practice Administrator (RN VI)	\$51,156	-	\$53,292

	Principle Assistant	\$47,814	-	\$52,200
	Senior Office Support Assistant	\$24,576	-	\$25,380
	Other (specify title and salary range and description of duties)		-	

Expense and Equipment				
Number and Type of Entity			Type of Fee	Amount of Fee
Licenseses	Applicants	Businesses		
#	#	#	Correspondence Mailing	\$0.65
type	type	type		
#	#	#	Application Mailing	\$7.35
type	type	type		
#	#	#	License Printing and Postage	\$0.72
type	type	type		
#	#	#	Wall Hanging Printing and Postage	\$2.56
type	type	type		
#	#	#	Other (please specify)	
type	type	type		
#	#	#	Other (please specify)	
type	type	type		

Board Member Per Diem and Reimbursement		
Number of Board Members	Expense	Amount
	Per Diem	
	Mileage Reimbursement (average of 240 miles round trip x \$.37 per mile)	\$89
	Meal Reimbursement	
	Printing and Postage	
	Other (please specify)	
	Other (please specify)	

32. Include any additional information relevant to the fiscal note that is important for the public to know.

SMALL BUSINESS IMPACT

For the purpose of the small business impact statement responses below, considerations shall be given to any and all applicants, licensees and business regulated by the board.

33. Will the rule have an adverse impact on small business consisting of less than 50 full time FTEs?

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input checked="" type="checkbox"/>	No

34. Is the rule necessary to protect the life, health and safety of the public?

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input checked="" type="checkbox"/>	No

35. Does the rule exempt any small business consisting of less than 50 full time FTE from coverage?

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input checked="" type="checkbox"/>	No

36. Describe the benefit or impact the proposed regulation will have on the board or board staff and how that benefit or impact is derived. Example: The proposed regulatory amendment will decrease the time required to process an application for licensure by merging two forms into one.

Not applicable

37. Describe the applicant, licensee or any business that will be impacted financially by the proposal. Include any business whether regulated and not regulated by the board.

SB4 Licensed acupuncturists will directly benefit from the reduction in the renewal fee.

38. Describe how the applicant, licensee or business may otherwise be affected by the proposed regulation not reported above.

SB4 The reduction of the renewal fee has a positive affect for licensees as a reduction in a fee is a reduction
SB5 in a cost of doing business.

38. Describe additional actions required of employers/small businesses of or for applicants and licensees to comply with the proposed regulation (i.e. more reporting, more supervision)?

SB4 Not applicable

39. Does the proposed rule include provisions that are more stringent than those mandated by comparable or related federal, state, or county standards?

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input checked="" type="checkbox"/>	No

SB7



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13	Geologists	30	Real Estate Appraisers
14	Healing Arts	31	Respiratory Care
15	BEHIS	32	Social Work
16	Interior Design	33	Tattoo
17	Interpreters	34	Veterinary

Current Rule Number	
20 CSR 2015-1.030	
Current Rule Name	
Fees	
Type of Rulemaking	
	New
x	Amendment
	Rescission
	Rescission/Readoption
	Emergency
Statutory Authority	
Section 324.481.3(6) RSMo	
Supporting Documentation Completed	
	SOS Copy to Amend
	Governor's Office Memo - Tab 2
	SBRFB - Tab 3
Subject of Rule Packet	

OVERVIEW

1. In a few brief sentences, describe what this change does and why it is needed. (Information could include, but is not limited to legislative action (include bill number and date passed by legislature) national standards, federal requirements, litigation/disciplinary issues, etc). If there are more than one change being addressed by this promulgation, indicate as Issue 1, Issue 2 and so forth.

GO1
SB1

A reduction to the licensure renewal fee is needed to comply with the law regarding the cost of administering the licensure law and avoid the potential transfer or sweep of the Acupuncturist Advisory Committee Fund pursuant to section 324.481.3(6) RSMo that authorizes the State Board of Chiropractic Examiners to, "Upon recommendation of the committee, set all fees, by rule, necessary to administer the provisions of sections 324.475 to 324.499." Section 324.481.7 RSMo authorizes the transfer of funds to general revenue as follows, "...money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the acupuncturist fund for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the acupuncturist fund for the preceding fiscal year."

2. Describe the current rule and then describe how the revision will change the rule.

Sample Answer: Currently, a licensee must send in their application on yellow paper. After the change, the licensee will send in their application on black and gold paper.

GO1
SB1

The amended language reduces the biennial renewal fee from \$300 to \$200

DEADLINES

3. Is there a deadline?

	Yes
x	No

4. If yes, when and why then? If not, why does the board want to file it now?

GO7

The deadline is addressed in the request for an emergency regulation.

5. If there is a deadline, what will happen if the deadline is not met?

GO7

The impact of failing to reduce the biennial renewal fee for the 2013-2015 cycle is addressed in the request for an emergency regulation.

IMPACT OF CHANGE

6. What issue does the change address?

SB1
GO2 A reduction in the biennial renewal fee is needed to comply with the law addressing the cost of administering the licensure law and avoid the potential transfer or sweep from the Acupuncturist Fund. Section 324.481.3(6) RSMo authorizes the State Board of Chiropractic Examiners to, "Upon recommendation of the committee, set all fees, by rule, necessary to administer the provisions of sections 324.475 to 324.499." Section 324.481.7 RSMo authorizes the transfer of funds to general revenue as follows, "...money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the acupuncturist fund for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the acupuncturist fund for the preceding fiscal year."

7. If this change is implemented, what will happen?

GO2 The biennial renewal fee will decrease from \$300 to \$200 for future biennial renewal cycles.

8. If this change is not implemented, what will happen?

GO2 The biennial renewal fee will remain at \$300 and a portion of the fund will be transferred to general revenue.

9. Why is the change necessary for the profession?

GO2 The primary reason for the reduction in the biennial renewal fee is to reduce the fund balance in compliance with law.

Additionally, over time the profession has experienced an increase in licensees and corresponding revenues and the application fee was reduced by \$100 in fiscal year 2012 to address this increase. Given the number of licenses subject to renewal in fiscal year 2013 (116), and past history of licenses renewed, decreasing the renewal fee is a cost saving measure and exemplifies the advisory committee's effort to reduce compliance costs and not jeopardize the quality of service provided to Missouri consumers.

10. Identify any other rules within the same 20 CSR that will be impacted by the change to this rule and explain any perceived impact.

Not applicable

11. Identify any rules outside the same 20 CSR that the board analyzed to determine whether other rules would be impacted by this change and decided there would be no impact; and describe any such rules and briefly explain their analysis.

No other regulations outside 20 CSR 2015 required analysis because the requested amended language relates to fees and corresponding revenue generated from a fee.

12. Describe any and all options the board considered to resolve the issue addressed by this proposal and why the specific option promulgated in the regulation was chosen.

SB1 Revenue received and compliance costs over the last three fiscal years and biennial cycles were analyzed to determine if income and/or costs fluctuated greatly from year to year. Licenses that were not renewed were compared to new applications for licensure to determine if a decrease in the licenses not renewed was offset by new applications for licensure.

In fiscal year 2011, eighty-eight (88) renewal notices were sent with five (5) licenses not renewed. In fiscal year 2009, there were sixty (60) renewal notices sent and thirteen (13) licenses not renewed. In fiscal 2007, there with sixty (60) renewal notices sent and fourteen (14) licenses not renewed. Over this five year timeframe the advisory committee received sixty-nine (69) applications for licensure, thereby, off-setting revenue lost due to licenses not being renewed.

Various fee reduction scenarios were reviewed to include a 50% or \$150 one-time renewal fee reduction and permanent renewal fee reduction to \$100. For planning purposes, a smaller renewal fee reduction, applied over at least the next two renewal cycles was preferable, provided adequate operating revenues, and avoided fluctuating fees every two years.

Over the past three years, new applications have been stable, averaging eleven new applications per fiscal year and in fiscal year 2012, the application for licensure was reduced from \$300 to \$200. Considering the sharing of resources and the relative stability of new applications and renewed licenses, the acupuncture committee is requesting a reduction in the biennial renewal fee.

13. Will another state agency be impacted by this change?

Yes, If yes, explain in detail.

No

GO6

HISTORY

14. Has the topic of this proposal been the subject of previous board/profession based litigation or legislation that relates to this change. If yes, describe in full detail including bill number or case names and citations.

Yes, If yes, explain in detail.

No

GO3

15. What was the first thing that happened that made the board think that this rule change was needed? Explain fully.

GO3 See response to question #12

16. Has this change or any similar change been proposed by this board before? If so, explain in detail, including the rule number and any information related to the implementation of a similar rule.

Yes, If yes, explain in detail.

No

GO3 The following is an overview of licensure and renewal fees from inception to date: 2002 application fee \$700; renewal fee for 2003 biennial cycle \$700; application fee reduced from \$700 to \$300 in March of 2004; renewal fee for 2005 biennial cycle = \$0; renewal fee for 2007 biennial cycle = \$75; renewal fee for 2009 biennial cycle = \$225; renewal fee for 2011 biennial cycle = \$150. Additionally, in fiscal year 2012 the application fee was reduced from \$300 to \$200.

In compliance with the aforementioned statutory provision \$3,531 was transferred to general revenue in fiscal year 2005.

17. Has any other PR board proposed this change or a similar change before? If so, explain in detail, including the rule number and any information related to the implementation of a similar rule.

Yes, If yes, explain in detail.

No

GO3 Not applicable

18. If relevant, describe whether the licensing board(s) of any other states) have proposed rules similar to this change.

GO3 Not applicable

INTERESTED PARTIES

19. What groups have a stake in this? Have they seen this? When and how? What do they think?

GO6 Acupuncturists renewing the credential for the 2013-2015 biennial cycle have a stake in this language. The proposed amendment will result in a cost savings of \$100 to each licensee renewing the credential and a corresponding reduction in revenue to the advisory committee's fund.

During past legislative sessions, measures have been introduced (SB 222 – 2007; HB 2433, HB 2305,

SB 1000 – 2010, and SB 899 - 2012) amending statutory provisions for transferring fee based funds into general revenue. While the Missouri Acupuncturist Association has not reviewed the proposed renewal fee reduction, it has been supportive of the advisory committee's efforts to reduce licensure and renewal fees.

20. List and describe the communications that have occurred between the board/board staff and others regarding this change. Include board meetings, correspondence/e-mail, newsletters, telephone calls, persons visited or other meetings attended. Identify the date, location, purpose, persons present, persons participating and a summary of the communication.

GO6 During conference calls and meetings, the advisory committee is provided an update regarding revenue and expenditures for the current fiscal year, projections information regarding the fund balance, and the potential for a fund sweep.
SB2

21. Similarly list and describe any other communications regarding this change of which the board/board staff are aware of but were not a part.

GO6 Not applicable
SB2

22. Is there any individual or group that is or will be for or against this change? Identify such and describe briefly what is understood of their position.

GO6 In the past the Missouri Acupuncturist Association has been supportive of the advisory committee's efforts to reduce licensure and renewal fees.
SB2

FISCAL IMPACT

23. Will the applicant or licensee be required to pay more or less money to the board or to anyone else as a result of this change?

<input type="checkbox"/>	More. If more, explain why.
<input checked="" type="checkbox"/>	Less. If less, explain why.
<input type="checkbox"/>	No Difference

The renewal fee will be decreased from \$300 to \$200.

24. If the change imposes a fee, is there clear statutory authority for the fee? List the applicable section(s) and subsection(s).

<input checked="" type="checkbox"/>	Yes. If yes, explain in detail.
<input type="checkbox"/>	No

Section 324.481.3(6) RSMo authorizes the State Board of Chiropractic Examiners to, "Upon recommendation of the committee, set all fees, by rule, necessary to administer the provisions of sections 324.475 to 324.499."

25. If the change imposes some other additional cost, is there clear statutory authority for the additional cost? List the applicable section(s) and subsection(s).

GO6 Yes. If yes, explain in detail.
 No
 Not applicable

26. Will the applicant or licensee be required to spend more or less time toward compliance as a result of this change?

<input type="checkbox"/>	More. If more, explain why.
<input type="checkbox"/>	Less. If less, explain why.
<input checked="" type="checkbox"/>	No Change

27. Will there be any other impact on the applicant or licensee as a result of this change?

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input checked="" type="checkbox"/>	No

28. Estimate cost to the licensee or applicant.

Type and Number of Entities Affected			Current Fee	New Fee	Fee Type	Entity Receiving Fee	Annual or Biennial Fee
Licensees	Applicants	Businesses					
100	#	#	300	200	Renewal		Biennial
type	type	type					
#	#	#					
type	type	type					
#	#	#					
type	type	type					

NOTE: Additional lines can be added using the insert row function.

Type and Number of Entities Affected			Other Costs	Amount of Fee	Entity Receiving Fee	Annual or Biennial Fee
Licensees	Applicants	Businesses				
#	#	#	Notary	\$2.00		
type	type	type				
#	#	#	Transcript	\$10.00		
type	type	type				
#	#	#	Postage	\$0.44		
type	type	type				
#	#	#	Photo	\$7.50		
type	type	type				
#	#	#	Other (please specify)			
type	type	type				
#	#	#	Other (please specify)			
type	type	type				
#	#	#	Other (please specify)			
type	type	type				

29. Does the board anticipate the number of licensees/applicants/business to increase or decrease in future years?

<input type="checkbox"/>	Yes. If yes, explain in detail (percentage of increase/decrease; annually/biennially, etc)
<input checked="" type="checkbox"/>	No Change

30. Specify the source of the estimates above (i.e., FY11 actuals, FY12 projections).

First, a comprehensive review of anticipated expenditures was conducted. A breakdown of the categories of expenditures over the prior three fiscal years is used to project future costs in the areas of transfers, personal services, and expense and equipment.

Secondly, an average of anticipated licenses subject to renewal in the upcoming biennial renewal cycle is derived by examining renewals from three prior renewal cycles to project anticipated income over the next five fiscal years.

Third, cost and revenue projections are then compared to determine: 1) revenue required to pay costs of administering the licensure law; 2) when applicable, time frame for an increase or decrease in licensure fees; and 3) compliance with section 324.481.7 RSMo that authorizes the advisory committee to maintain a fund balance of no more than three times the appropriation based upon a biennial renewal cycle.

31. Will the board incur additional expenses as a result of this change?

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input checked="" type="checkbox"/>	No

Number of Members	Time (minutes or hours)	Position	Salary		
		Account Clerk II	\$23,796	-	\$25,800
		Administrative Office Support Assistant	\$25,944	-	\$28,140
		Executive I	\$25,596	-	\$31,176
		Investigator II	\$34,644	-	\$37,968
		Legal Counsel	\$49,500	-	\$61,919
		Licensure Technician I	\$21,984	-	\$23,796
		Licensure Technician II	\$24,576	-	\$26,640
		Office Support Assistant	\$21,372	-	\$23,064
		Practice Administrator (RN VI)	\$51,156	-	\$53,292
		Principle Assistant	\$47,814	-	\$52,200
		Senior Office Support Assistant	\$24,576	-	\$25,380
		Other (specify title and salary range and description of duties)		-	

Expense and Equipment				
Number and Type of Entity			Type of Fee	Amount of Fee
Licenseses	Applicants	Businesses		
#	#	#	Correspondence Mailing	\$0.65
type	type	type		
#	#	#	Application Mailing	\$7.35
type	type	type		
#	#	#	License Printing and Postage	\$0.72
type	type	type		
#	#	#	Wall Hanging Printing and Postage	\$2.56
type	type	type		
#	#	#	Other (please specify)	
type	type	type		
#	#	#	Other (please specify)	
type	type	type		

Board Member Per Diem and Reimbursement		
Number of Board Members	Expense	Amount
	Per Diem	
	Mileage Reimbursement (average of 240 miles round trip x \$.37 per mile)	\$89
	Meal Reimbursement	
	Printing and Postage	
	Other (please specify)	
	Other (please specify)	

32. Include any additional information relevant to the fiscal note that is important for the public to know.

SMALL BUSINESS IMPACT

For the purpose of the small business impact statement responses below, considerations shall be given to any and all applicants, licensees and business regulated by the board.

33. Will the rule have an adverse impact on small business consisting of less than 50 full time FTEs?

<input type="checkbox"/>	Yes. If yes, explain in detail.
<input checked="" type="checkbox"/>	No

34. Is the rule necessary to protect the life, health and safety of the public?

x

Yes. If yes, explain in detail.

No

35. Does the rule exempt any small business consisting of less than 50 full time FTE from coverage?

x

Yes. If yes, explain in detail.

No

36. Describe the benefit or impact the proposed regulation will have on the board or board staff and how that benefit or impact is derived. Example: The proposed regulatory amendment will decrease the time required to process an application for licensure by merging two forms into one.

Not applicable

37. Describe the applicant, licensee or any business that will be impacted financially by the proposal. Include any business whether regulated and not regulated by the board.

SB4 Licensed acupuncturists will directly benefit from the reduction in the renewal fee.

38. Describe how the applicant, licensee or business may otherwise be affected by the proposed regulation not reported above.

SB4 The reduction of the renewal fee has a positive affect for licensees as a reduction in a fee is a reduction
SB5 in a cost of doing business.

38. Describe additional actions required of employers/small businesses of or for applicants and licensees to comply with the proposed regulation (i.e. more reporting, more supervision)?

SB4 Not applicable

SB5

39. Does the proposed rule include provisions that are more stringent than those mandated by comparable or related federal, state, or county standards?

x

Yes. If yes, explain in detail.

No

SB7

Kessler, Loree

From: Chris Powell [aqpunctr@gmail.com]
Sent: Friday, February 08, 2013 1:59 PM
To: Kessler, Loree
Cc: Kathleen Coleton
Subject: Important acupuncture issue

Hey Loree!

We had a very important meeting this morning with the Acupuncture Association about "Dry Needling" and physical therapists practicing it here in the State. I have been deeply involved in this issue nationwide for the past two years. What we are beginning to find is Physical Therapists in the State of Missouri may be practicing acupuncture illegally and calling it all sorts of euphemisms like, "dry needling", "trigger point therapy", "intramuscular therapy", etc. We all know that they are practicing acupuncture techniques. The entire issue has been addressed by all State Acupuncture Associations as well as Colleges of Oriental Medicine and the NCCAOM. All have declared this practice of dry needling as acupuncture. We are monitoring those clinics that discuss it and I, as the representative of the State Association of Missouri, am writing you to request a formal investigation into the clinical practices I have provided below. Please feel free to contact me at any time for questions or clarifications. I really appreciate you and the Board for looking into this problem.

Thank you!

Chris Powell, President AAM

<http://www.physicalrehabstl.com/about-us/employee-bios>

Kessler, Loree

From: Chris Powell [aqpunctr@gmail.com]
Sent: Friday, February 08, 2013 2:51 PM
To: Kessler, Loree
Subject: Re: PT paper and state law

I thought so, try this:

[Back to < Dry Needling Scope of Practice Missouri Trigger Point Dry Needling Status](#)

Dry Needling is accepted internationally as a tool of physical therapy.
Physical Therapy clinicians throughout the country are working with their state boards to gain acceptance of this technique.

Missouri TDN State Status

Currently Missouri is awaiting the supporting letter for the Trigger Point Dry Needling technique.

Missouri's state board of Physical Therapy does not pre-approve continuing education courses, however we are currently working on getting the support/backing of the Missouri section of the APTA. Check back for updates as they become available.

For further info and experience with TDN we would like to invite you to attend one of our Level 1 or Level 2 TDN training courses.

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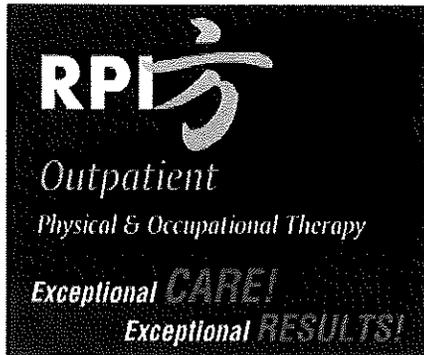
[Trigger Point Dry Needling:
Techniques and Outcomes](#)

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Chris Powell



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Overuse Tendinopathies

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Trigger Point Dry Needling: It's Place in Physical Therapy

Written by Jonty Felsher, PT On: 08/30/2012

When 14 year old teenager Justin Skeesick couldn't train and play baseball competitively because of an intense pain in his pitching shoulder, his parents turned to dry needling. He first had to overcome his fear of needles but his trust in his Dad saw him through.

Justin's Dad tried trigger point dry needling personally for his shoulder pain, and it worked. According to Justin, "It felt good. It feels like your muscles are cramping up, then they relax."

There's a great deal of interest in sports injuries and body pain with the ongoing Olympics 2012 and the competitive nature of humans in finding relief from pain. This has led to a renewed interest in a physical therapy treatment technique known as trigger point dry needling (TDN).

The History of Dry Needling

Trigger point dry needling is a western approach using acupuncture needles that began in 1938 by Professor John Kellgren. He used medical concepts in neurophysiology where by pressure on muscles causes relaxation and pain relief. At that time, the professor used "wet needles" which meant injecting the patient with an analgesic. This did not perform well during clinical trials so the shift was made to dry needles (no medication). Nonetheless, it is anchored on the study of biomechanics and human anatomy from which it draws its credibility.

Today, TDN is a medical technique that requires no injection, no stimulation. TDN results in the relaxation of specific tight or knotted muscles and the reduction of muscle spasms. Janet Travel, an American physician coined the term "trigger points" or Myofascial trigger point (MTrP) for dry needling.

Scientifically Proven

Across the world, those who balk at using non-traditional treatments have welcomed trigger point dry needling because it is based on years of research and concrete evidence. This technique has been in practice in the United States by certain physical therapists for over 15 years. The technique is gain recognition as an accepted physical therapy treatment across the U.S.A and the globe. In 2012 the Louisiana Board of Physical Therapists added requirements and regulations for the practice of TDN by Physical Therapists.

In an interview with PT Amanda Brewer from Shreveport, Louisiana, "At first I was really skeptical about it. I had never heard of it in physical therapy school, and I've been practicing 7 or 8 years." Nonetheless, she was part of the reason dry needling is now regulated properly in her state. One of the reasons she pushed for regulations was to protect the PT profession and address patient issues such as the immediate relief drawing attention away from underlying long term causes such as weakened or shortened muscles. She says, "The only problem is that needling takes away their pain so well, they don't want to come back for treatment."

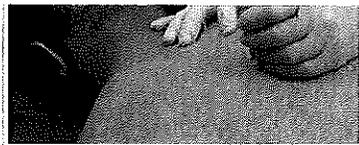
For the case of Patti Moffett from Bossier City, also in Louisiana, she tried dry needling for her shoulder and neck pain. The surgery she had a decade ago did not bring 100% relief and a couple of years ago, the pain came back. Regular PT manual therapy techniques did not work for her however she said that trigger point dry needling did improve her condition and it was actually less painful than some of the other manual therapy techniques.



What Does it Treat?

Trigger Dry Needling (TDN) covers more than chronic shoulder and neck pain. It can also be used for Carpel Tunnel Syndrome, migraine headaches, cervical pain, groin strain, sports injuries like tennis elbow, Piriformis Syndrome, Rotator Cuff Syndrome, Sciatica, Achilles tendon and hamstring injuries, disc pain, shin splints, and lower back injuries.

Acupuncture - Open Session A Description of TDN



Physical therapists (PT) have explained TDN to be an intramuscular physical therapy treatment that gets to the "heart" of muscle pain, the muscle belly. Using acupuncture needles, the PT has to find the trigger points which are knotted muscle fibers that have contracted to the point of pain. The very fine dry needles are inserted into the trigger point and the muscle fibers begin to twitch and contract. After a few seconds, the

muscle tissue begins to relax and return to its normal state. This procedure can be risky and State Boards for physical therapists across the U.S. have advised patients to seek TDN treatment only from properly trained PTs as there are risks to TDN if done by non-licensed PTs.

Who should not have this treatment?

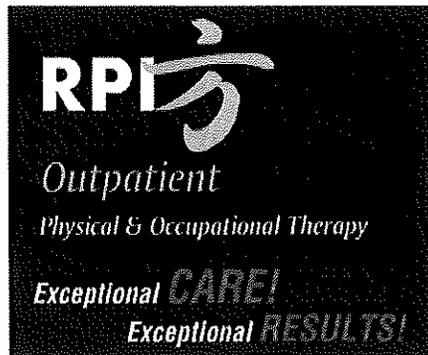
Trained TDN therapists are also recommending that anyone with a bleeding disorder, using a pacemaker, or is pregnant should not undergo TDN. Pregnant women past the first trimester could experience labor pains that lead to premature delivery if they undergo TDN treatment.

To find out more about Trigger Point Dry Needling and to see if it is a possible treatment for you, call us to set up an appointment at (314)644-1978 or (314)991-1978.

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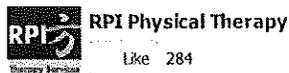
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Early Treatment by a Physical Therapist Associated with Reduced Risk of Health Care Utilization and Reduced Overall Health Care Costs

Pilates and Pelvic Health

Our Testimonials

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Employee Bios

Biographies:

Jonty Felsher, PT & Co-Owner, was born and raised in Johannesburg, South Africa, and moved to St. Louis in 1993. He received his Bachelor of Science (with honors) from the Witwatersrand in Johannesburg in 1990. Together with Jonathan Gordon, Jonty established RPI Therapy Services in 1997. Jonty has extensive training and experience in manual therapy techniques including manual intramuscular therapy (Trigger Point Dry Needling); Vestibular Rehabilitation and specializes in spinal, orthopedic and neurological problems. Outside of work, Jonty enjoys family time, jogging, gardening, and travel.



Jonathan Gordon, PT & Co-Owner, was born and raised in Johannesburg, South Africa and moved to St. Louis in 1997. Jonathan graduated from the University of Cape Town in 1987 with his Bachelor of Science specializing in sports injuries and manual therapy. Together with Jonty Felsher, Jonathan established RPI Therapy Services in 1997. Jonathan has extensive post graduate training in manual therapy intramuscular therapy (Trigger Point Dry Needling); specializing in spinal, orthopedic and chronic pain conditions. Outside of work Jonathan enjoys spending time with his wife and seven children, working out, and participating in community organizations.

Katie Fleming, DPT, graduated from Saint Louis University with a Doctor of Physical Therapy degree in May 2011 and is now working at RPI's Creve Coeur location. She enjoys working in diverse areas of physical therapy ranging from aquatics to neurological conditions, with special

interests in orthopedic and musculoskeletal conditions. She enjoys working with patients of all ages and abilities and strongly believes in educating patients to facilitate the rehabilitation process and help them achieve their goals. Katie is a native Minnesotan (without the accent) who is thrilled to be practicing in the St. Louis area. She enjoys travelling, photography, and anything outdoors.



Cindy Kempf, MA, OTR/L, serves as the Director of Clinical Services for RPI Therapy Services. Cindy graduated from the University of Kansas with a bachelor's degree in occupational therapy in 1982 and from Webster University in 1989 with a master's degree in health service management. She has over 28 years experience working with older adults. She has served as adjunct faculty at St. Louis University for the past 12 years and has presented numerous educational courses on local, state, and national levels. Her areas of expertise include wheelchair seating and positioning, administration and management, Medicare reimbursement and dementia management. Cindy has also been active in the Missouri Occupational Therapy Association and is currently serving as Vice President. She enjoys watching and playing sports of all kinds.

Courtney Vickery, MS, OTR/L, joined RPI Therapy Services in October 2009 after graduating from Missouri State University with a Bachelor of Science in Occupational Therapy. She has acquired

Employee Bios

from Maryville University in 2007 with a Masters in Occupational Therapy. She has acquired experience in home health, hospitals, skilled nursing facilities, outpatient clinics and schools, and is now focusing on the outpatient environment by providing occupational therapy at RPI's Creve Coeur and Richmond Heights facilities. She works with patients to regain independence following illness, surgery, stroke, and a variety of other conditions by increasing strength, range of motion, endurance, activity levels, fine motor skills, and balance. Courtney loves to spend time with her family.



Michelle Handyside, LPTA & Clinic Manager, received her associate of applied science degree in Physical Therapy from Belleville Area College in 1988, and holds licensure in Missouri and Illinois. She received extensive training in weight loss management, fitness testing, and manual therapy, with diverse specialty knowledge in wound care, geriatrics, and vestibular education. She is in charge of company-wide education of clinical staff in documentation and billing procedures. She has been with RPI since May of 1999, helping to develop policies, procedures, documentation, and managing our Richmond Heights outpatient clinic. Her goal is patient motivation and education to assist her patients in achieving their rehabilitation goals. In her spare time Michelle enjoys spending time with her family, watching the St. Louis Cardinals, and staying active with outdoor activities.



Sharon Candelario, LPTA, earned an associate's degree in Physical Therapy from Meramec College in 1998. She is also a certified Pilates instructor and a certified personal trainer. She has been with RPI Therapy Services since 2004, and is the vital force behind our Rehabilitation Pilates Program. Sharon enjoys sailing, walks in the park, and exercising.



Scott Uelsmann, LPTA & Clinic Manager, has worked in the Physical Therapy field for 14 years, with two years of contract therapy experience working in various therapy settings such as nursing homes, outpatient facilities, home health, sports medicine clinics, and hospitals. He has been with RPI for 10 years at the Covenant House facility in Creve Coeur. Scott was promoted to clinical manager of the Covenant House facility in 2007. He enjoys hanging out with family and friends, travel, coaching soccer and baseball, and watching sporting events.



Jeff Wilcox, DPT, received his Doctorate of Physical Therapy in May 2010 from University of Missouri-Columbia. He has special interest in orthopedic and musculoskeletal conditions and has worked with patients of all ages. Jeff's experience is in outpatient, home health and skilled nursing facilities. Currently, Jeff works at both outpatient facilities and in our Senior Residential Division. His goals are to motivate patients through rehabilitation process and achieve goals. Jeff is a St. Louis native who enjoys participating in adventure sports and maintaining an active and healthy lifestyle.



Ashley Hayes, DPT, received her Doctorate of Physical Therapy degree in May 2012 from Saint Louis University and is now currently working at RPI's Richmond Heights location. Ashley's experience includes outpatient orthopedic care, acute care, and neurological rehabilitation. Ashley has a special interest in orthopedic musculoskeletal conditions, sports rehabilitation, and women's health physical therapy. Ashley recently received Level 1 certification from the Herman & Wallace Institute for Women's Health Rehabilitation. She will attend a level 2 advanced training course in September of 2012. Ashley enjoys working with patients of all ages and abilities, seeking to assist each individual patient through the rehabilitation process in order to achieve their goals. Ashley is a native of St. Louis and enjoys watching many sports, especially Cardinal baseball, and playing soccer. She also enjoys spending time with family and friends.



Libby Johnson, DPT
Coming Soon!



Kessler, Loree

From: Chris Powell [aqpunctr@gmail.com]
Sent: Friday, February 08, 2013 2:00 PM
To: Kessler, Loree
Cc: Kathleen Coleton
Subject: The other one

Here's another one to investigate!

Thank you

Chris Powell

<http://www.integratedssw.com/find-out-more-about-dry-needling/>

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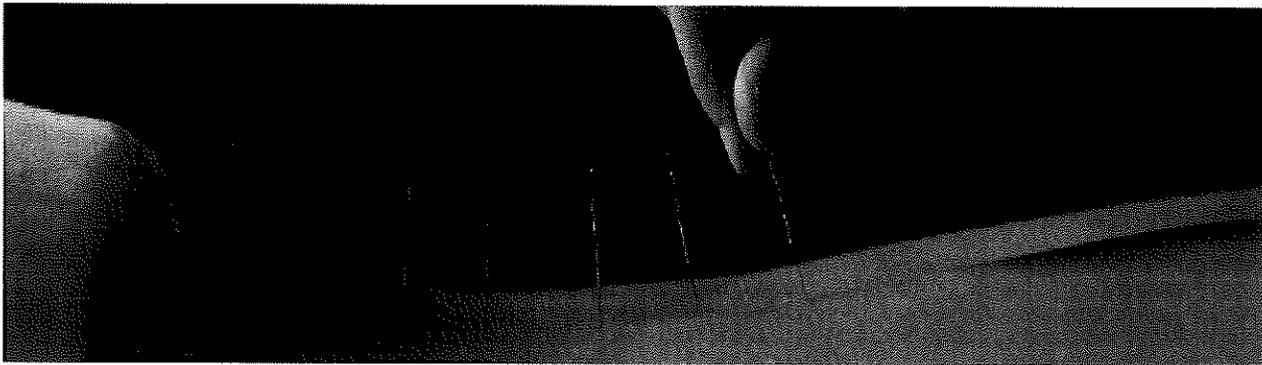


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What is Dry Needling?

Dry needling is a revolutionary form of therapy to treat myofascial pain. Myofascial pain is the technical term for the pain caused by tight muscles. Dry needling goes by various names, some of which are trigger point therapy, intramuscular stimulation, and intramuscular manual therapy. The reason it's called "dry" needling is because there is nothing being injected into the muscles. Acupuncture needles are used to pass through the skin and massage out the trigger point causing the pain you may be feeling.

What are Trigger Points?

The primary role of muscle tissue is to contract and relax. Sometimes, the muscle can stay contracted. That muscle that stays contracted is called a trigger point. When trigger points occur, they can cause pain in areas that are, usually, in a different location than the trigger point causing the pain. For example, feeling pain down the leg may be caused by one of the muscles above your hip joint. That contracted muscle is what we call a trigger point.

Why is an Acupuncture Needle Used?

When people think about needles, they typically think about syringes, which can be very thin or very thick. The thicker the needle, the more discomfort you feel. However, because acupuncture needles are extremely thin. Acupuncture needles, too, come in various thicknesses, yet they are still thinner than syringes. Acupuncture needles, also, are easily manipulated because they can bend while under the skin, allowing the practitioner to reach more of the trigger point without having to tap the needle back into the skin more than is necessary.

Does Dry Needling Therapy Work?

In short, yes. The goal of dry needling a patient's trigger points is to release the active trigger points. When the trigger point releases, not only will the pain subside, but because contracted muscle can't work as well as a relaxed muscle, overall function of that muscle improves as well. Research supports that dry needling can decrease pain, decrease muscle tension, and improve muscle function. By having decreased muscle tension in certain muscles of the body, it allows for better chiropractic treatment outcomes.

How Common is Dry Needle Trigger Point Therapy?

Dry needling is a growing therapy among healthcare practitioners, especially physical therapists and progressive or evidence-based chiropractors. Currently, the only chiropractor in St. Louis County is a Wildwood, MO chiropractor named Dr. Bobby Mozafari. So, if you're in pain or want to maximize your performance, stop by our chiropractic clinic in Wildwood, MO with Integrated Sport, Spine & Wellness!

Contact Us:

Integrated SSW
16917 Manchester Rd
Wildwood, MO 63040

Office -- 636-422-0224

Billing -- 1-877-529-4180

office@integratedssw.com

Resources

American Chiropractic Association
Institute for Functional Medicine
Kinectacore
Missouri State Chiropractic Association
National Board of Chiropractic Examiners
St. Louis Institute of Integrative Medicine

Products and Research

ChiroACCESS Research Database
Journal of Chiropractic Medicine

Missouri Revised Statutes

Chapter 334

Physicians and Surgeons--Therapists--Athletic Trainers--Health Care Section 334.506

August 28, 2012

Physical therapists may provide certain services without prescription or direction of an approved health care provider, when--limitations.

334.506. 1. As used in this section, "approved health care provider" means a person holding a current and active license as a physician and surgeon under this chapter, a chiropractor under chapter 331, a dentist under chapter 332, a podiatrist under chapter 330, a physician assistant under this chapter, an advanced practice registered nurse under chapter 335, or any licensed and registered physician, chiropractor, dentist, or podiatrist practicing in another jurisdiction whose license is in good standing.

2. A physical therapist shall not initiate treatment for a new injury or illness without a prescription from an approved health care provider.

3. A physical therapist may provide educational resources and training, develop fitness or wellness programs for asymptomatic persons, or provide screening or consultative services within the scope of physical therapy practice without the prescription and direction of an approved health care provider.

4. A physical therapist may examine and treat without the prescription and direction of an approved health care provider any person with a recurring self-limited injury within one year of diagnosis by an approved health care provider or a chronic illness that has been previously diagnosed by an approved health care provider. The physical therapist shall:

(1) Contact the patient's current approved health care provider within seven days of initiating physical therapy services under this subsection;

(2) Not change an existing physical therapy referral available to the physical therapist without approval of the patient's current approved health care provider;

(3) Refer to an approved health care provider any patient whose medical condition at the time of examination or treatment is determined to be beyond the scope of practice of physical therapy;

(4) Refer to an approved health care provider any patient whose condition for which physical therapy services are rendered under this subsection has not been documented to be progressing toward documented treatment goals after six visits or fourteen days, whichever first occurs;

(5) Notify the patient's current approved health care provider prior to the continuation of treatment if treatment rendered under this subsection is to continue beyond thirty days. The physical therapist shall provide such notification for each successive period of thirty days.

5. The provision of physical therapy services of evaluation and screening pursuant to this section shall be limited to a physical therapist, and any authority for evaluation and screening granted within this section may not be delegated. Upon each reinitiation of physical therapy services, a physical therapist shall provide a full physical therapy evaluation prior to the reinitiation of physical therapy treatment. Physical therapy treatment provided pursuant to the provisions of subsection 4 of this section may be delegated by physical therapists to physical

therapist assistants only if the patient's current approved health care provider has been so informed as part of the physical therapist's seven-day notification upon reinitiation of physical therapy services as required in subsection 4 of this section. Nothing in this subsection shall be construed as to limit the ability of physical therapists or physical therapist assistants to provide physical therapy services in accordance with the provisions of this chapter, and upon the referral of an approved health care provider. Nothing in this subsection shall prohibit an approved health care provider from acting within the scope of their practice as defined by the applicable chapters of RSMo.

6. No person licensed to practice, or applicant for licensure, as a physical therapist or physical therapist assistant shall make a medical diagnosis.

7. A physical therapist shall only delegate physical therapy treatment to a physical therapist assistant or to a person in an entry level of a professional education program approved by the Commission for Accreditation of Physical Therapists and Physical Therapist Assistant Education (CAPTE) who satisfies supervised clinical education requirements related to the person's physical therapist or physical therapist assistant education. The entry-level person shall be under on-site supervision of a physical therapist.

(L. 1999 H.B. 343 merged with S.B. 8 & 173, A.L. 2004 S.B. 1122 merged with S.B. 1181, A.L. 2008 S.B. 788, A.L. 2010 H.B. 2226, et al.)

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Missouri General Assembly

OPEN SESSION MINUTES
Missouri Acupuncturist Advisory Committee
February 22, 2013 - 8:30 a.m.
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

The Acupuncturist Advisory Committee was called to order by Jane Van Sant, chairperson, at 8:30 a.m. at the Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. The executive director facilitated roll call.

Committee Members Present

Jane Van Sant, Chairperson
Kathleen Coleton
Jason Hackler

Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Processing Licensure Supervisor
Greg Mitchell, Counsel

Visitor

Chris Powell, President Acupuncture Association of Missouri

Ms. Van Sant stated she would be voting in open and close session.

A motion was made by Mr. Hackler and seconded by Ms. Coleton to approve the open session agenda. Advisory committee members voting aye: Ms. Coleton, Mr. Hackler, and Ms. Van Sant. Motion carried unanimously.

A motion was made by Ms. Coleton and seconded by Mr. Hackler to approve the December 14, 2012 conference call meeting minutes. Advisory committee members voting aye: Ms. Coleton, Mr. Hackler, and Ms. Van Sant. Motion carried unanimously.

AAAOM Membership

The advisory committee reviewed the invoice for membership in the American Association of Acupuncture and Oriental Medicine and recommended continued membership.

Fee Regulation

The advisory committee reviewed the request for rulemaking concerning the emergency regulation and amendment to the regulation reducing the biennial renewal fee to \$200. A motion was made by Ms. Coleton and seconded by Mr. Hackler to approve the request and reduction.

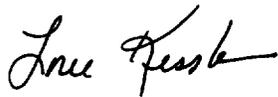
Dry Needling

Chris Powell, President of the Acupuncture Association of Missouri provided an overview of nationwide trends regarding dry needling provided by physical therapists. Because of the time constraints the advisory committee recommended another conference call within the next two weeks to allow more time for discussion.

The advisory committee scheduled a conference call meeting for 8:00 a.m., March 8th.

At 8:52 a.m., a motion was made by Mr. Hackler and seconded by Ms. Coleton to convene in closed session pursuant to motions to close section 610.021 subsection (14) and 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal actions, causes of action or litigation and any confidential or privileged communications between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings. Advisory committee members voting aye: Ms. Coleton, Mr. Hackler, and Ms. Van Sant. Motion carried unanimously.

At 9:04 a.m., a motion was made by Ms. Coleton and seconded by Mr. Hackler to convene in open session and adjourn the conference call meeting. Advisory committee members voting aye: Ms. Coleton, Mr. Hackler, and Ms. Van Sant. Motion carried unanimously.



Executive Director

Approved by Advisory Committee on March 8, 2013