

## **Testimony in opposition to HB 2996**

House Health Care Committee

March 1, 2013

Good afternoon my name is Laura Volcheff and I am a physical therapy student at Pacific University. I am currently on my 6<sup>th</sup> year of a 7-year rigorous educational journey toward earning my doctorate of physical therapy. I am here today to express my opposition to HB 2996 in its current form. As a responsible and ethical future healthcare provider, I intend to provide my patients with the most effective and efficient care as possible to promote the highest quality of life at the lowest expense. It is my hope that my profession is not limited in the scope necessary to provide the highest level of care.

I am greatly concerned that if HB 2996 is enacted that I, along with many of my other PT doctorate student colleagues, will be restricted from practicing our profession in Oregon for no medically necessary, justifiable purpose.

HB 2996 is not founded on sound policy and is unnecessarily anti-competitive. I urge you to oppose it for the following reasons:

First, HB 2996 enacts restrictions on the use of solid needles for any therapeutic use by other licensed health care providers. The motivation behind this language is to restrict other qualified health care providers from using the treatment intervention known as “trigger point dry needling.” Physical therapists refer to this technique as myofascial trigger point release.

Myofascial trigger point release with a solid needle is one such tool that physical therapists across the globe including many U.S. states are currently safely performing, with the intent of increasing the efficiency and efficacy of physical therapy treatment, to lower the number of visits and cost of physical therapy for patients. For over 20 years, myofascial trigger point release has been safely performed by physical therapists. According to a report in 2012, the Federation’s Disciplinary Database reports that in all jurisdictions, there are no incidences where a physical therapist caused harm requiring disciplinary action from myofascial trigger point release with a solid needle.

Under our licensure, the physical therapy scope of practice includes tissue-penetrating procedures including sharp debridement and needle electromyography under the basis that physical therapists have extensive education of the following: anatomy, physiology, biomechanics, palpation, and sterile technique to name a few qualifications for safely providing myofascial release with a solid needle.

Myofascial trigger point release is very distinct from acupuncture as it is a means of improving myofascial dysfunction under the realm of musculoskeletal system impairments. It is not advertised as acupuncture nor is it tied to the roots of the practice of acupuncture.

In other words, in the physical therapy scope of practice, when treating musculoskeletal impairments we utilize many techniques to decrease soft tissue restrictions. It is up to the clinical reasoning of the physical therapist to determine which method of myofascial release has the

highest efficacy on a situational basis so that the patient receives the highest quality of care. Because research suggests that myofascial trigger point release with a solid needle is an effective means for physical therapists to treat various muscular conditions, it is in the best interest of the patient to have the tool available to his or her physical therapist.

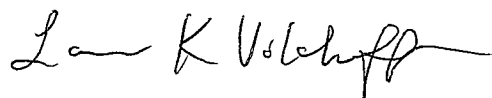
Second, it is important to stress the no one profession has exclusive ownership over any one treatment intervention or tool. For example while the skills and services provided by a physical therapist are distinct, there are interventions, tools, and modalities contained within the physical therapist scope of practice that overlap with other professions, and vice versa.

Health care education and practice have developed in such a way that most professions today share some procedures, tools, or interventions with other regulated professions. It is unreasonable to expect a profession to have *exclusive* domain over an intervention, tool, or modality. One activity, whether it is trigger point dry needling, therapeutic exercise, or manual therapy, does not *define* a profession but it is the *entire scope of activities* within the practice that makes any particular profession unique. Simply because a skill or activity is within one profession's skill set does not mean another profession cannot and should not include it in its own scope of practice.

Third, it is important to stress that practice of acupuncture by acupuncturists and the performance of dry needling by physical therapists differ in terms of historical, philosophical, purpose, indicative, and practical context. According to the American College of Acupuncture and Oriental Medicine, the Master of Acupuncture & Oriental Medicine degree program is based on preserving the ancient theories, principles, and tenets of traditional Chinese medicine. The performance of modern dry needling by physical therapists is based on western neuroanatomy and modern scientific study of the musculoskeletal and nervous system. Physical therapists that perform dry needling do NOT use traditional acupuncture theories or acupuncture terminology, claim to be providing acupuncture, or consider themselves 'acupuncturists.'

Finally, I'd like to note that HB 2996 also seeks to expand the acupuncturists' scope of practice to specifically add exercise therapy and related therapeutic methods, and manual therapy to their scope of practice. These treatment modalities have historically been part of the PT scope of practice, and something that physical therapists are experts in providing. Physical therapists, however, do not claim *exclusive* ownership to them, just as HB 2996 should not grant acupuncturists exclusive use of a solid metal needle.

Thank you for your time and consideration. Again, I urge you to please oppose HB 2996 in its current form. Thank you.



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