

Submitter: Aaron Leonard
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

Testimony in Support of HB3824
Submitted to the Oregon State Legislature

Chair and Members of the Committee,

Thank you for the opportunity to provide testimony in strong support of HB3824, which seeks to formally include dry needling within the scope of practice for licensed physical therapists in Oregon. As a doctor of physical therapy and a clinician deeply involved in musculoskeletal care and professional advocacy, I urge you to vote in favor of this bill.

Dry needling is a safe, effective, and evidence-supported treatment approach used by physical therapists across the United States to address neuromuscular dysfunction, including myofascial trigger points, persistent pain, and movement impairments. When appropriately trained, physical therapists use dry needling as part of a comprehensive treatment plan to reduce pain, restore range of motion, and improve functional performance.

Physical therapists are uniquely qualified to provide dry needling due to their extensive education in anatomy, physiology, neuroanatomy, and differential diagnosis of musculoskeletal conditions. Entry-level doctoral programs in physical therapy include over 100 hours of anatomy, often involving hands-on cadaver dissection, and thousands of hours dedicated to evaluating and treating musculoskeletal and neuromotor conditions. This depth of knowledge ensures that PTs apply dry needling with precision, clinical reasoning, and within a broader rehabilitative framework that is patient-centered and functionally driven.

It is crucial to recognize that dry needling is not acupuncture. While both techniques use a monofilament needle, the theoretical frameworks, clinical intentions, and treatment protocols are distinct. Acupuncture is rooted in traditional Chinese medicine and focuses on restoring energy flow through meridians. Dry needling, in contrast, is a Western medical technique based on modern anatomy, physiology, and neuromuscular science. It is designed to target specific structures—such as trigger points, taut bands of muscle, or areas of referred pain—based on thorough musculoskeletal assessment.

As of today, 46 out of 50 states permit physical therapists to perform dry needling. Oregon remains one of the few states where our practice act does not yet align with

national standards. This puts both clinicians and patients at a disadvantage. Patients in Oregon are being denied access to a safe, cost-effective, and often highly impactful intervention that is readily available to their counterparts in nearly every other state.

Passing HB3824 will bring Oregon in line with the national norm, support patient access to modern evidence-based care, and recognize the competency and training of Oregon's licensed physical therapists. Importantly, the bill maintains safeguards by requiring appropriate training, documentation, and scope adherence—ensuring that patient safety remains the top priority.

I respectfully urge this committee to support HB3824 and affirm Oregon's commitment to advancing high-quality, evidence-based physical therapy care for its citizens.

Thank you for your consideration.

Sincerely,
Aaron Leonard, PT, DPT