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Chair Deb Patterson

Senate Committee on Health Care

Oregon State Capitol

900 Court Street NE

Salem, OR 97301

RE: Support for Including Dry Needling in the Physical Therapy Scope of Practice in Oregon

Dear Chair Patterson and Members of the Committee,

I am writing to express my strong support for the legislative proposal that would allow licensed physical therapists in Oregon to perform dry needling as part of their clinical practice. As a Doctor of Physical Therapy and Clinical Director at FYZICAL Therapy & Balance Center in West Linn, I have witnessed the transformative impact dry needling has on reducing pain and restoring function for patients with musculoskeletal conditions.

Dry needling is a modern, evidence-based technique rooted in Western biomedical science. It is categorically different from acupuncture, which is grounded in Traditional Chinese Medicine (TCM)

and uses meridian theory and concepts such as qi. Physical therapists use dry needling to target myofascial trigger points based on anatomical and clinical examination-not TCM pattern diagnosis.

Physical therapists are exceptionally qualified to perform this technique. Doctor of Physical Therapy (DPT) programs include approximately 500-600 hours of foundational biomedical training in anatomy, neurophysiology, pathology, and kinesiology, as well as over 600-800 hours of musculoskeletal clinical examination, differential diagnosis, and red flag screening. We are taught to recognize when dry needling is appropriate and when referral is necessary. In contrast, acupuncturists receive approximately 50-100 hours of musculoskeletal assessment training, primarily for point location rather than clinical decision-making.

Moreover, the safety record of physical therapists performing dry needling is well established. As of June 2023, 39 states and the District of Columbia explicitly permit licensed physical therapists to perform dry needling. Four states-California, Hawaii, New York, and Oregon-prohibit PTs from performing dry needling, while seven states have no clear legislation on the matter. This means 46 states either allow or do not oppose dry needling by physical therapists-a strong signal of national consensus and safety.

This issue is not about professional rivalry-it is about access, safety, and aligning Oregon's practice act with national standards. When PTs cannot offer dry needling, patients experience unnecessary delays, fragmented care, or are forced to seek less integrated services. In a time of growing demand and provider shortages, restricting qualified PTs from using proven tools like dry needling is a disservice to our patients.

I respectfully urge the committee to support this proposal. Let Oregon patients benefit from the high-level, evidence-based care that PTs are trained and licensed to provide.

Sincerely,

Noel Tenoso, PT, DPT

Clinical Director

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