

Members of the Senate Committee on Health Care,

My name is Kecia Fox. I am from Portland Oregon, and I am in opposition of HB 3824, specifically the inclusion of “**needle insertion**” (Page 3, Line 37) in the physical therapy scope of practice. The term refers to **dry needling**, a technique that uses acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue—functionally equivalent to **acupuncture**, as defined in Oregon law.

In my clinical experience, patients have shared previous encounters with dry needling performed by physical therapists in other states. Many have reported adverse effects, including nerve pain, nausea, dizziness, and fainting. Unfortunately, these negative experiences have led some individuals to delay seeking acupuncture out of fear that similar reactions might occur again.

A key concern here is that patients are often unaware of the significant differences in training between licensed acupuncturists and physical therapists performing dry needling. As highlighted in this testimony, the educational and clinical training required for acupuncturists is far more comprehensive. I am deeply concerned that members of our community may continue to delay (or avoid) necessary care due to this confusion, ultimately extending their recovery and compromising their overall well-being.

It is imperative that patients receive care from appropriately trained providers. Licensed acupuncturists are extensively trained to safely and effectively use needles to relieve pain while minimizing risk and maximizing therapeutic benefit. In a time when trust in medicine is being undermined, it’s crucial to remain consistent in our definitions of care in order to build confidence within the community.

I hold physical therapists in high regard and regularly refer patients to them. They are experts within their scope of practice. By respecting our professional boundaries and adhering to the standards set by our respective regulatory bodies, we can work collaboratively to protect patient safety and ensure high-quality care.

Legal and Regulatory Conflict

Under **ORS 677.757(1)(a)**, “**acupuncture**” is explicitly defined as the stimulation of specific points on the body “**by the insertion of needles**”. The statute further affirms that acupuncture includes the use of **electrical or mechanical devices with or without needles**, which are also marketed under dry needling protocols.

In Oregon, acupuncture may only be practiced by those licensed by the **Oregon Medical Board** under **ORS 677.759**. Unauthorized practice of acupuncture—including any unlicensed needle insertion—is considered the **unauthorized practice of medicine** under **ORS 677.765** and is subject to penalties.

This bill therefore directly **conflicts with established state law** by proposing to allow non-OMB-regulated practitioners (physical therapists) to perform a procedure that falls squarely within the **legal definition of acupuncture**.

The **Acupuncture Advisory Committee** established in **ORS 677.780–785** was specifically tasked with recommending standards for education, licensure, and scope of practice in order to protect the public. HB 3824 undermines this structure by bypassing OMB oversight entirely.

Education and Patient Safety

Licensed acupuncturists in Oregon must complete **2,500 to 3,500 hours of training**, including **800–1,000 hours of supervised clinical education**. This far exceeds the **20–100 hours** of training typically offered in dry needling courses for physical therapists. This discrepancy has serious implications for patient safety.

Numerous studies highlight increased risks of adverse events when dry needling is performed by inadequately trained providers:

- **36.7%** of dry needling treatments resulted in adverse events, with **20 major complications** such as pneumothorax and nerve injury (Brady et al., *PM&R*, 2014).
- A Polish study reported **3% pneumothorax**, **14% nerve palsy**, and **1% hospitalization** (Majchrzycki et al., *MDPI*, 2022).
- Multiple case reports confirm life-threatening events, including **bilateral pneumothorax** and prolonged nerve damage (Şahin et al., *JournalAgent*, 2020; *Western Journal of Emergency Medicine*, 2013).

For these reasons, the term “needle insertion” should be removed from HB 3824. It is legally inconsistent with Oregon law, compromises patient safety, and bypasses established licensure and oversight standards put in place to protect the public.

Thank you for your time and consideration.

Citations:

- ORS 677.757–677.785: Licensing and regulation of acupuncture in Oregon
- Brady S, et al. *Adverse events following trigger point dry needling: a prospective survey of 20,000 treatments*. *PM&R*. 2014;6(9):847–852.

- Majchrzycki M, et al. *Adverse Reactions to Dry Needling Therapy: Insights from Polish Practitioners*. MDPI. 2022.
- Şahin N, et al. *A Rare Complication Caused by Dry Needling: Bilateral Pneumothorax*. JournalAgent. 2020.

Boissonnault WG, et al. *Traumatic Pneumothorax Following Acupuncture: A Case Series*. *Western Journal of Emergency Medicine*. 2013.