

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

Dear Chairperson,

Thank you for the opportunity to submit testimony regarding the proposed authorization of dry needling by physical therapists. I appreciate the important role physical therapists play in rehabilitation and pain management, but I respectfully oppose expanding their scope of practice to include dry needling.

Dry needling is an invasive procedure. It involves the insertion of fine, solid needles into muscle tissue and other deep structures, often near sensitive areas such as the lungs, blood vessels, and nerves. While sometimes described as a modern, evidence-based physical therapy technique, it closely mirrors acupuncture—not just in appearance, but in application. Both target muscular and fascial trigger points, use the same type of needles, and aim to relieve pain and improve function.

The main difference lies in the training. Licensed acupuncturists undergo 2,000-3,000 hours of graduate-level specialized education, including needling techniques, anatomy, safety protocols, and supervised clinical practice. In contrast, many dry needling courses for physical therapists offer only 20–80 hours of training, sometimes over the course of a few weekends. This sharp discrepancy should raise serious concerns, particularly when the procedure carries known risks such as pneumothorax, infection, nerve injury, and bleeding.

This is not just about how much someone knows about anatomy, rather it's about how much hands-on training they've had in safely using a needle as a therapeutic tool. Even small errors in needling technique can have serious consequences. The public deserves assurance that anyone performing such procedures has had thorough, clinically supervised preparation—not just a brief course.

Additionally, authorizing dry needling under the physical therapy license can blur professional lines and create confusion for patients. Most patients are unaware of the training differences between acupuncturists and physical therapists. When two professions perform what is essentially the same procedure under different standards, it becomes difficult for patients to make informed decisions about their care.

From a regulatory standpoint, expanding dry needling into physical therapy also opens the door to further scope-of-practice disputes across healthcare professions. Once invasive procedures can be adopted with minimal additional training, it sets a

precedent that weakens the overall framework designed to protect public safety through licensing and education requirements.

Finally, the clinical evidence for dry needling remains mixed. While there are some short-term benefits reported in specific cases of musculoskeletal pain, systematic reviews often find that the effects are modest and comparable to placebo. Given the limited evidence and known risks, dry needling should not be positioned as a low-risk, general-use tool for physical therapists.

In closing, dry needling is an invasive, technically demanding procedure that requires more than a short course to perform safely. Physical therapists are highly skilled professionals in their field, but dry needling falls outside the training and regulatory safeguards that their licensure currently provides. I urge the committee to prioritize patient safety and uphold high standards of care by rejecting this proposed scope expansion.

Thank you for your time and thoughtful consideration.

Respectfully,
A Classical Chinese Medicine Student
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