

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

Members of the Senate Committee on Health Care,

My name is Dr. Michael McKee ND LAc. I am both reside in and practice in Portland Oregon as a primary care physician who is also trained in acupuncture.

I am writing in opposition to HB 3824, specifically the inclusion of “needle insertion” (Page 3, Line 37) in the physical therapy scope of practice.

I have great respect for Physical Therapists, and I work very closely in a collaborative way with them on many patient cases, as I have a specialty in treating patients with the complex connective tissue disorder Ehlers Danlos Syndrome. I have great concern over the discrepancy between the amount of hours a dry needling practitioner has had in training, when compared to the training I have undergone in order to be able to needle patients for acupuncture.

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 (Sahin 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.

Sahin 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.

Thank you for your consideration.