

## **Testimony in Opposition to HB 3824 – Inclusion of “Needle Insertion” in Physical Therapy Scope of Practice**

Chair and Members of the Committee,

My name is Phyllis Gamache. I am writing as a healthcare consumer. I am here to express my firm opposition Testimony in Opposition to HB 3824 – Inclusion of “Needle Insertion” in Physical Therapy Scope of Practice. While I respect the vital role that physical therapists play in our healthcare system, I believe that dry needling is not within the appropriate scope of their training and licensure. Allowing physical therapists to perform this procedure raises serious safety, competency, and regulatory concerns that must be carefully considered.

### **1. Dry Needling Is Acupuncture**

Dry needling is not a distinct, novel procedure; it is acupuncture. The technique involves inserting needles into the body, targeting specific anatomical points in a manner almost identical to acupuncture. The distinction drawn by proponents of dry needling is erroneous. Dry needling uses FDA-regulated acupuncture needles, aims to treat the same types of conditions, and targets similar anatomical structures.

Acupuncture, as a specialized form of healthcare, is governed by specific licensing requirements, ensuring that those who perform it are highly trained. Licensed acupuncturists undergo extensive training, including over 2,500 hours of education in anatomy, safety, and technique. Physical therapists, on the other hand, typically receive only 12 to 100 hours of dry needling training—often in weekend courses with limited clinical supervision. This disparity in training raises serious concerns regarding the safety and efficacy of dry needling when performed by physical therapists.

### **2. Inadequate Training and Education**

Physical therapists are trained to assess body mechanics and improve movement function, not to perform invasive procedures. While dry needling may seem like an adjunct to physical therapy, it involves an invasive procedure that requires in-depth knowledge of human anatomy, including muscles, nerves, blood vessels, and organs. Physical therapists typically do not receive the same level of training in these areas as licensed acupuncturists, who must understand the neuroanatomy and physiology in great detail to safely and effectively perform acupuncture.

Acupuncture schools provide comprehensive, rigorous education in both Eastern and Western medical sciences, including detailed anatomical study and supervised clinical practice. In contrast, physical therapists’ dry needling education often lacks sufficient depth, oversight, and clinical hours. This insufficient training poses significant risks to patient safety and raises questions about whether physical therapists are truly prepared to perform such a procedure safely.

### 3. Safety Concerns and Potential Risks

Needle-based procedures, such as dry needling, are not without risks. Complications, including pneumothorax (lung puncture), nerve damage, infection, and vascular injury, are all real and documented risks when the procedure is performed incorrectly. Licensed acupuncturists are trained to minimize these risks through extensive education in needle technique, depth control, and safety protocols. Physical therapists, with their limited training in needling, are less equipped to prevent these types of complications.

Studies have shown that when needling is performed by non-acupuncturists, the risk of injury increases significantly. Severe injuries, including life-threatening events, occur at much higher rates when physical therapists perform dry needling. This is not an issue to take lightly, as the consequences of improper needling can lead to permanent injury or even death.

The comparison between the adverse event rates for dry needling by physical therapists (PTs) and acupuncture as highlighted by the sources you provided reveals a significant disparity in the safety profiles of the two practices.

#### **Dry Needling by Physical Therapists:**

According to the source you mentioned, **over 50%** of patients who undergo dry needling by PTs experience adverse events, with **36.7%** of treatments leading to an adverse event. Additionally, the rate of **serious adverse events** is reported as **0.1%** (or 1 in 1,000 treatments). These statistics suggest that dry needling, when performed by physical therapists, carries a much higher risk of complications, with a substantial proportion of treatments resulting in patient harm.

#### **Acupuncture:**

In contrast, the systematic review and meta-analysis by Bäumler et al. (BMJ Open, 2021) reports that **acupuncture-related adverse events** occur in **9%** of patients and **7%** of treatments. However, the rate of **serious adverse events** is much lower at **1 per 10,000 patients** and **7.98 per 1 million treatments**. This demonstrates a significantly lower risk profile for acupuncture, even though it still involves needle insertion.

#### **Key Differences:**

- **Adverse Event Frequency:** Over 50% of dry needling patients experience adverse events, compared to 9% for acupuncture patients. The rate of adverse events per treatment is also much higher for dry needling (36.7%) than for acupuncture (7%).
- **Serious Adverse Events:** The rate of serious adverse events in dry needling is **0.1%** (1 in 1,000 treatments), which is considerably higher than the rate for acupuncture, where serious events occur in **1 per 10,000 patients** or **7.98 per 1 million treatments**.
- **Patient Safety:** This contrast clearly shows that acupuncture, despite being an invasive procedure, is associated with far fewer adverse events and much lower rates of serious

harm compared to dry needling performed by physical therapists. The higher incidence of adverse events in dry needling, particularly serious ones, underscores the risks involved when this procedure is performed by individuals without sufficient specialized training.

## **Conclusion:**

The data supports the argument that acupuncture is a safer procedure than dry needling when performed by licensed acupuncturists, who undergo years of rigorous training in anatomy, safety protocols, and clinical practice. On the other hand, the higher adverse event rates associated with dry needling performed by physical therapists highlight the risks of expanding their scope of practice to include such invasive procedures without the necessary training and oversight. This stark difference in safety profiles reinforces the importance of preserving the integrity of specialized healthcare practices and ensuring that procedures like needle insertion are performed by those with the requisite expertise.

## **4. Undermining Professional Standards and Patient Safety**

Allowing physical therapists to perform dry needling undermines the integrity of both the acupuncture and physical therapy professions. Physical therapists are not trained to perform invasive procedures such as dry needling, and doing so without proper education could result in a decrease in the standard of care. This shift in scope could also erode public trust in the healthcare system, as patients may mistakenly believe that all healthcare providers have the same level of expertise when it comes to invasive procedures.

Patient safety should always be the highest priority. Expanding the scope of practice for physical therapists to include dry needling without appropriate safeguards in place is dangerous. It is essential that procedures like dry needling remain within the realm of licensed acupuncturists, who have undergone years of specialized education and clinical training.

## **5. The Importance of Collaborative Care, Not Redundancy**

Healthcare is strongest when it is multidisciplinary. Providers with different areas of expertise should collaborate to deliver the highest standard of care, not duplicate each other's roles. If dry needling is allowed, it would create unnecessary overlap between physical therapists and acupuncturists, without ensuring the same level of proficiency or patient outcomes and it would reduce the number of available visits that insurance covers for patients to acupuncturists, which is a more in depth and comprehensive service.

Instead of expanding the role of physical therapists to include dry needling, we should focus on enhancing collaboration between physical therapists and licensed acupuncturists. This would allow patients to benefit from the full range of expertise each profession offers, ensuring safe and effective care.

## **6. Cultural Competency and Ethical Concerns**

Acupuncture is not just an alternative or complementary medicine—it is a time-honored practice that is rooted in centuries of tradition and scientific understanding. To reduce acupuncture to a mere "needle insertion with involvement of qi and esoteric meridians" is culturally insensitive and professionally unethical. It disregards the rich history and medical principles behind acupuncture and undermines its value as a legitimate healthcare discipline.

This practice, if allowed, could also create confusion for patients, who might mistakenly believe that physical therapists are adequately trained to perform acupuncture. Such confusion compromises patient autonomy and informed consent.

## **Conclusion**

In conclusion, I urge this committee to reject any proposal that would expand the scope of practice for physical therapists to include dry needling. This procedure requires a depth of training that physical therapists do not possess, and performing it without appropriate oversight could compromise patient safety. We must prioritize patient care, uphold the standards of each profession, and protect the integrity of the healthcare system as a whole.

Thank you for your time and attention. I welcome any questions.

Sincerely,  
Phyllis Gamache