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Oregon State Legislature
900 Court Street NE
Salem, OR 97301

Re: Opposition to HB 3824

Dear Members of the Committee,

I am writing to express my strong opposition to House Bill 3824. As a State of Oregon Chiropractic Physician and a Licensed Acupuncturist healthcare with advanced training in both chiropractic and acupuncture, I value interdisciplinary collaboration, but I am deeply concerned by the sweeping expansion of physical therapists' scope of practice proposed in this bill. While I appreciate the vital role physical therapists play in rehabilitative care, HB 3824 raises significant issues related to patient safety, quality of care, and professional accountability.

This bill proposes to allow physical therapists to perform needle insertion techniques, including dry needling, without requiring a minimum number of training hours. Inserting needles into human tissue is an invasive procedure that carries risks—including death, pneumothorax, nerve damage, punctured organs, and infection—especially when performed without rigorous anatomical training. Licensed acupuncturists, by contrast, must complete 2,500 of hours of education and supervised clinical practice. Granting this privilege without comparable standards undermines public trust and safety.

Even more concerning is the proposal to permit physical therapists to administer vaccinations, including to minors, without medical oversight. Immunization involves evaluating patient history, contraindications, and adverse reaction protocols—clinical decisions that should not be made in isolation or without a comprehensive medical framework. Allowing this level of responsibility without proper medical training could expose patients, especially children, to unnecessary risks. Additionally, this bill will not allow access to the State of Oregon vaccine database to know which vaccine are required and/or even necessary leading to potential complications, and vaccine injuries.

HB 3824 would also authorize the use of sonographic imaging for internal diagnostics without a formal licensing process. Diagnostic imaging requires more than technical ability; it demands deep interpretive knowledge and clinical judgment—skills that typically require specialized training and licensure to ensure accuracy and prevent misdiagnosis.

Additionally, physical examinations for children, such as those needed for sports clearance, involve more than routine checks. These evaluations are meant to detect potentially serious underlying health conditions. They require a broad clinical understanding and should be performed by providers trained to manage a wide range of pediatric health scenarios, including referral when red flags are identified.

The bill further proposes allowing physical therapists and their assistants to perform manual joint manipulations, akin to chiropractic adjustments. These high-velocity, low-amplitude thrusts require precise anatomical knowledge, biomechanical expertise, and an understanding of contraindications to avoid serious complications including potential of death, stroke, paralysis, and fractures. Chiropractors undergo extensive education and board certification in this area. Allowing similar procedures without comparable standards sets a dangerous precedent.

Moreover, HB 3824 would permit the prescription and use of durable medical equipment (DME), a category that includes braces, mobility aids, and even devices with electrical or mechanical components. Proper DME use often involves diagnosis, ongoing evaluation, and integration with a patient's broader treatment plan—an area traditionally managed with physician oversight.

Lastly, the bill allows delegation of complex procedures to physical therapy assistants, even under remote supervision. While delegation is common in many healthcare settings, the nature of the procedures listed in this bill requires a much closer level of supervision to ensure they are done safely and effectively.

In sum, HB 3824 overextends the physical therapy scope of practice beyond what their education and training reasonably prepare them to handle. This bill does not just threaten the standards of allied healthcare professions—it puts patients at risk by enabling complex, invasive, or medically nuanced procedures to be performed without the necessary oversight or training.

I respectfully urge the committee to reconsider the implications of HB 3824. Expanding access to care should never come at the expense of safety, competence, or patient trust.

Thank you for your time and thoughtful consideration

Christopher Beardall, DC, L. Ac.