

Submitter: erik isaacman
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824
Subject: Opposition to HB 3824 - Inclusion of "Needle Insertion" in Physical Therapy Scope of Practice

To Whom It May Concern,

I am writing to express my strong opposition to HB 3824, specifically the inclusion of "needle insertion" (Page 3, Line 37) within the scope of practice for physical therapists. This term refers to dry needling, a technique that uses acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue, which is functionally equivalent to acupuncture as defined by Oregon law.

I am an acupuncturist who has been practicing in Oregon for 20 years. I have been able to build a successful practice that takes care of my wife and kids because I have been able to safely implement what I learned over the course of my training—an extensive 4 years master program in Oriental Medicine.

My opposition is based on the following critical concerns:

Legal and Regulatory Conflict: HB 3824 directly conflicts with existing Oregon law. ORS 677.757(1)(a) explicitly defines "acupuncture" as the stimulation of specific points on the body "by the insertion of needles." ORS 677.765 considers the unauthorized practice of acupuncture, including any unlicensed needle insertion, as the unauthorized practice of medicine. Allowing physical therapists to perform "needle insertion" bypasses the established licensure and oversight of the Oregon Medical Board (OMB) and the Acupuncture Advisory Committee established in ORS 677.780–785. In order to keep my license in good standing, I must complete 80 CEU hours every 4 years.

Education and Patient Safety: Licensed acupuncturists in Oregon undergo 2,500 to 3,500 hours of training, including 800–1,000 hours of supervised clinical education. This significantly exceeds the 20–100 hours of training typically offered in dry needling courses for physical therapists. The discrepancy in training has severe implications for patient safety. Studies have shown a high rate of adverse events associated with dry needling when performed by inadequately trained providers. These include, but are not limited to:
36.7% of dry needling treatments result in adverse events, with 20 major complications such as pneumothorax and nerve injury (Brady et al., PM&R, 2014).
A Polish study reporting 3% pneumothorax, 14% nerve palsy, and 1% hospitalization

(Majchrzycki et al., MDPI, 2022).

Case reports confirming life-threatening events, including bilateral pneumothorax and prolonged nerve damage (S,ahin et al., JournalAgent, 2020; Western Journal of Emergency Medicine, 2013).

For these reasons, I strongly urge that the term "needle insertion" be removed from HB 3824. Its inclusion creates legal inconsistency with existing Oregon law, compromises patient safety due to insufficient training standards for physical therapists, and undermines the established licensure and oversight standards designed to protect the public.

Thank you for your time and consideration of this critical matter.

Sincerely,

Erik Isaacman

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