

Submitter: Timothy Gross
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824
Testimony in Support of HB3824
Timothy Gross
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Bend
OR

Dear Members of the Senate Committee On Health Care,

I am writing to offer my full support for House Bill 3824, which affirms and protects the right of licensed physical therapists to utilize dry needling as part of their scope of practice. This intervention has been thoroughly studied and shown to be a safe, effective, and evidence-based technique when performed by properly trained physical therapists.

Dry needling is not acupuncture. While both involve the insertion of thin needles into the body, the theoretical foundations, treatment goals, and training are fundamentally different. Physical therapists apply dry needling based on Western musculoskeletal science, targeting trigger points, muscular dysfunction, and pain patterns informed by physical examination and diagnosis. This is distinctly different from traditional Chinese medicine and acupuncture.

Concerns from some in the acupuncture community, while understandable, are based more on perceived economic competition than on patient safety or scientific evidence. Physical therapists already utilize interventions like therapeutic massage and guided exercise every day—yet massage therapists and personal trainers continue to flourish. Likewise, the ability for physical therapists to perform dry needling will not eliminate the need or demand for acupuncture. In fact, both professions can and do coexist, offering complementary services that benefit the patient community.

It is also important to note that there are now FDA-registered needles specifically designated for dry needling, further establishing its separation from acupuncture and reinforcing the distinct identity of this intervention.

By restricting dry needling access, we do a disservice to patients—especially those suffering from chronic pain, musculoskeletal dysfunction, or injury. Denying them this treatment option undermines patient-centered care and ignores a growing body of

clinical research supporting its safety and effectiveness.

In conclusion, HB3824 is a thoughtful, reasonable, and evidence-supported bill that will enhance the scope of care available to patients, ensure continued safety through appropriate regulation, and respect the rightful practice boundaries of both physical therapists and acupuncturists. I urge you to vote in favor of this bill.

Sincerely,
Tim Gross