

Submitter: Bryce Downen
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824
Chairperson, Members of the Committee,

Thank you for the opportunity to speak in support of this critical piece of legislation. My name is Bryce Downen, and I am a licensed Physical Therapist with a doctorate-level degree in the musculoskeletal system. I specialize in treating individuals with neurological impairments and older adults—populations that are most at risk for falls, chronic pain, and functional decline. The majority of my patients are covered by Medicare and Medicaid, and many of them rely on skilled, cost-effective, non-pharmacological care to remain independent and pain-free.

Physical therapists like myself are highly trained movement experts. Our education equips us to assess, diagnose, and treat musculoskeletal dysfunction more comprehensively than many general physicians, particularly when it comes to fall risk and the appropriate use of durable medical equipment. Every day, I identify patients at risk of debilitating falls and prescribe targeted interventions that can prevent hospitalizations and save lives. Despite this, there are limitations on my scope of practice that are not grounded in clinical competence, but in outdated policy.

One such limitation is the use of dry needling—a safe, evidence-based intervention used to relieve myofascial pain through the release of trigger points. Trigger points are not abstract concepts; they are palpable, clinically significant sources of pain and movement restriction. My education includes deep, detailed understanding of the anatomical structures involved—muscles, tendons, nerves—and how to approach them safely. In the hands of a trained physical therapist, dry needling is not only effective, it can be transformative for patients suffering from chronic pain and mobility loss.

There are those who argue that allowing physical therapists to perform dry needling steps into the realm of other professions. But to that I say: just because someone picks up a hammer, it doesn't make them a carpenter. The skill, knowledge, and training behind the tool are what matter. Physical therapists are not simply picking up a new tool—we are applying it within a framework of deep, specialized knowledge of movement science and anatomy.

This bill recognizes our training and puts patient care first. It expands access to non-opioid, non-invasive pain relief and mobility restoration for the populations who need it most. It helps the healthcare system by reducing costly falls, emergency room visits, and long-term disability.

I urge you to pass this bill and give physical therapists the tools we need to care for our patients safely, effectively, and fully within our scope of expertise.

Thank you for your time and consideration.

Respectfully,
Bryce Downen, PT, DPT
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