

Submitter:	Stacey Abosamra
On Behalf Of:	Physical therapists and their patients
Committee:	Senate Committee On Health Care
Measure, Appointment or Topic:	HB3824

Testimony in Support of HB 3824: The PT Modernization Act
Stacey Abosamra, PT, DPT
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Chair and Members of the Senate Committee,

My name is Stacey Abosamra, and I am a Doctor of Physical Therapy practicing at Whole Body Health Physical Therapy. I am writing in strong support of HB 3824, the PT Modernization Act. This important legislation brings Oregon's physical therapy practice standards into alignment with national norms and evidence-based best practices. It will ultimately improve patient outcomes, reduce healthcare costs, and safeguard the integrity of the physical therapy profession.

Currently, the title "Doctor of Physical Therapy" (DPT) is not protected under Oregon law. This allows unlicensed individuals—including personal trainers and chiropractors—to market themselves as providers of physical therapy. This not only misleads the public but also disrespects the rigorous academic and clinical training required to become a licensed physical therapist and maintain licensure. It undermines public trust and creates potential harm to patients seeking legitimate care.

In Oregon, physical therapists are not authorized to order imaging, prescribe durable medical equipment (DME), or perform dry needling—despite these being well-established components of practice in many other states. These limitations create unnecessary barriers to timely and effective patient care.

As an orthopedic physical therapist, I frequently educate patients about the appropriate use of imaging and guide them through clinical decision-making. Allowing PTs to request imaging when clinically justified would streamline care, reduce redundant appointments, and lower healthcare expenditures.

Similarly, PTs are often the professionals who assess patients for DME needs—performing walk tests, exertion scale assessments, and equipment trials—yet we are not authorized to prescribe the equipment we evaluate. This creates delays and inefficiencies that can negatively impact patient mobility and safety, especially at critical times like hospital discharge.

Dry needling is another effective, evidence-based tool used in pain management and rehabilitation, authorized for use by physical therapists in 37 other states. Despite being trained and regulated to use this technique safely, Oregon PTs remain restricted. Patients are left without access—especially those who cannot afford out-of-pocket costs or whose insurance does not cover acupuncture. Enabling PTs to perform dry needling under the guidelines established since 2015 would expand access and improve patient outcomes.

HB 3824 is not about overstepping professional boundaries; it is about updating outdated restrictions that hinder patient care. With appropriate regulations and oversight, these proposed changes will elevate the quality, accessibility, and efficiency of healthcare in Oregon.

I urge you to support HB 3824 and move the physical therapy profession—and our healthcare system—forward.

Respectfully,
Stacey Abosamra, PT, DPT
Whole Body Health Physical Therapy