

Submitter: Justin Dunaway
On Behalf Of: Patients and the PTs that treat them
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

My name is Dr. Justin Dunaway, PT, DPT. I am a physical therapist with 15 years of experience in outpatient orthopedics, 10 years as a continuing education provider, and 5 years as a professor in a Doctor of Physical Therapy program. I appreciate the opportunity to submit testimony in support of HB 3824, which will improve Oregonians' access to safe, effective treatment and increase healthcare choice.

While I support HB 3824 as written, the primary opposition comes from acupuncturists who object to physical therapists performing dry needling. These objections center around three themes: safety, training, and the concern that dry needling appropriates acupuncture. I want to address each.

Safety:

Dry needling has a strong safety profile when performed by physical therapists. An estimated 50% of outpatient PTs nationally use dry needling, and severe adverse events occur in less than 0.1–0.07% of treatments (Boyce, 2020; Brady, 2014). For comparison, serious adverse events occur in 1–4% of patients using over-the-counter NSAIDs (Oliphant, 2004). Gattie et al. (2020) also found that dry needling performed by PTs is a safe and low-risk intervention.

Training:

Physical therapists complete a clinical doctorate with rigorous training in musculoskeletal anatomy and human movement, often including complete cadaver dissection. The Federation of State Boards of Physical Therapy commissioned an independent study identifying 240 competencies essential for safe and effective dry needling. A 2024 update showed that 88% of those competencies are required in accredited PT programs (HumRRO, 2024). Many PT schools, including in Oregon, already teach dry needling directly, likely pushing this percentage even higher. Furthermore, in a review of serious needling injuries, Peuker et al. (2001) concluded that all could have been avoided with stronger anatomical knowledge. PTs are uniquely positioned as safe providers due to their extensive anatomy and clinical reasoning training.

Acupuncture vs. Dry Needling:

Dry needling and acupuncture fundamentally differ in philosophy, training, and application. Oregon defines acupuncture as a traditional Oriental health care practice involving the stimulation of acupuncture points and meridians, often incorporating techniques like moxibustion, herbal medicine, and diagnostic methods rooted in traditional Chinese medicine. In contrast, dry needling is a Western biomedical

technique defined as a skilled intervention by a physical therapist using filiform needles to effect change in neuromusculoskeletal structures and function, aimed at treating movement impairments, pain, and disability.

While both modalities use thin needles, their theoretical frameworks, treatment goals, and clinical applications differ. In 2018, the North Carolina Supreme Court affirmed that dry needling is distinct from acupuncture and that the scopes of practice can overlap among health professions. That dry needling falls within the scope of physical therapy. The court emphasized that public policy favors patient access and choice in healthcare (North Carolina Acupuncture Licensing Board v. North Carolina Board of Physical Therapy Examiners, 2018).

In Closing:

I fully support HB 3824. Safety concerns around dry needling by PTs are unsubstantiated and refuted by a growing body of literature. PTs are highly trained, and dry needling is safely within their scope of practice. It is a distinct intervention from acupuncture. Oregon is one of only four states where PTs are restricted from performing this safe, effective, low-cost treatment. I urge you to support this bill and expand access and care options for Oregonians. Thank you.