

My name is Ashley Baker, PT, DPT and I have been a physical therapist for 14 years. I moved to Oregon in 2021 from Washington DC and have been providing outpatient orthopedic physical therapy care, specifically to patients with chronic pain conditions. I am writing today to **urge your support for HB3824**, which will help improve Oregonians' access to safe, effective treatment and increase consumer choice in the healthcare space.

I would like to address specific concerns regarding dry needling (DN) provided by physical therapists (PT):

Safety

DN is practiced safely in 46 other states with little to no safety issues reported since being performed by skilled, certified PTs since the 1990's. In fact, PT **liability insurers have not reported an increased number of claims or payouts** since PTs have adopted needling into practice over the past two decades. Additionally, there are multiple large-scale studies that assign the **risk of severe adverse events** from qualified PTs using dry needling as **extremely low** ([Boyce et al \(2020\)](#) [Brady et al \(2014\)](#) [White et al \(2001\)](#) [Gattie et al \(2020\)](#)).

Proficiency

Physical therapists are **doctorally-trained providers** with rigorous education in **musculoskeletal anatomy** and human movement, often including complete cadaver dissection. A 2024 update of 240 competencies essential for safe and effective dry needling practice commissioned by the Federation of States Boards of Physical Therapy showed that **88% of those competencies are required in accredited PT programs** (HumRRO, 2024). Dry needling is taught in many PT schools, including in Oregon. Furthermore, in a review of **serious needling injuries by acupuncturists**, [Peuker et al. \(2001\)](#) concluded that all could have been avoided with stronger anatomical knowledge. With their extensive anatomy and clinical training, PTs are uniquely positioned as safe providers of DN.

Access and consumer choice

PT and LAc are both conservative management providers who are safe and trained with some modalities that overlap (needles, massage, exercise, electric modalities, etc) but approach the application with **entirely different philosophies**. We should create an environment where **consumers have access to safe effective treatments** from providers that resonate with their personal beliefs and philosophies. A "western" practitioner and an "oriental medicine" practitioner can use the same modalities in a very different approach and consumers should be able to pick the provider that best aligns with them. A PT, massage therapist, chiropractor, and LAc may all provide soft tissue massage/manipulation but from a very different treatment perspective that best suits the patient in front of them. **Acupuncturists are asking you to restrict patient choice through legislation**; I urge you to give Oregonian health care consumers the ability to access and choose the most appropriate intervention for them.

In a time in which many Oregonians lack access to health care resources, our focus as health care practitioners should be on **increasing access to safe and effective interventions** for our patients, not gatekeeping interventions that have been shown to have excellent outcomes with limited AE's.

I ask that you fully support HB3824 in its entirety.

Sincerely,



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