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On Behalf Of:
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One might argue that the practice of dry needling itself is incomplete, and only a portion of what a skilled provider does with needles. In other words, dry needling is a form of acupuncture, a part of acupuncture, rather than a modality in and of itself. So why not leave it to the best trained practitioners for that purpose?

THE RISKS of passing this bill threaten clinical efficacy and cheapen the practice of utilizing the needle to achieve those means. It will open up the door for minimally trained practitioners to needle residents of Oregon. It will not launch us forward, but backward, as patients will not as often be referred to the exceptional care of skilled providers. In my opinion, needling should be left to the best trained and most qualified in that modality, as should physical therapists focus on the obvious: physical therapy.

In regards to training, a certificate to practice dry needling in most states consists of 27-80 clock hours of class time. Compare that to just the clinical hours that an acupuncture student must go through in order to sit for national board exams: from 660-1092 clock hours, depending on the school. Consider also that this number does not include the number of didactic hours in the study of acupuncture itself, which amounts to 833 clock hours at Jung Tao School, where I graduated with a Masters degree in acupuncture, for example. Adding didactic and clinical hours at Jung Tao School amounts to 1,463 hours. The current curriculum at Jung Tao School includes 2,183 hours total, encompassing studies in Acupuncture, Biomedicine, Professional Skills, Clinical Observation, and Clinical Internship, and takes at least four years to complete. Consider also, that many acupuncturists, myself included, have gone through additional years of training to obtain a doctorate. In other words, the difference in training is immense, but to patients and providers without education of these facts, we're seen on the same playing field as practitioners doing dry needling with minimal instruction.

Like in any modality or specialty, there are typically exceptional practitioners alongside average or subpar practitioners. Personally, I have heard of people having great results through dry needling. I've also heard of people finding dry needling extremely painful, and, in some cases, exacerbating their pain. Likewise, in acupuncture, the skill of practitioners varies. Many acupuncturists that treat orthopedic conditions get fantastic results, while others have less consistent success. The risk for injury from acupuncture treatment, however, is far less likely as the requirements far exceed dry needling. One could also argue that acupuncture practiced at a high level far exceeds the effects of dry needling, because there's a

much firmer foundation of knowledge to draw from, as well as more comprehensive intakes that allow treatments to be tailored individually and avoid risks.

If this bill passes in Oregon, many physicians will prefer to refer their patients to clinics that perform physical therapy and dry needling under the same roof, rather than refer to a second office for acupuncture. Patients who are uneducated on the differences may prefer dry needling for the same reason. Meanwhile, in a general sense, clinical results will suffer at the hands of practitioners with less training. It's also likely there will be a higher number of pneumothoraxes, hopefully not fatal. Some acupuncturists may have to look for greener pastures, as their practices will inevitably suffer for it.