

My name is Gavin McBride, I am a Doctor of Physical Therapy, a board certified cardiovascular and pulmonary clinical specialist, and hold a master's degree in kinesiology. I am writing to address the misrepresentation of research, as well as the incorrect definition of acupuncture portrayed in opposition testimony from acupuncturists.

Acupuncturists state that dry needling is covered by Oregon statute under acupuncture. ORS 677.757(1)(a) defines acupuncture by the following *“an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. “Acupuncture” includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia”*. In numerous acupuncturist testimonies, they blatantly and incorrectly state that ORS 677.757 defines acupuncture as stimulation “by the insertion of needles”, specifically disregarding the focus of the statute which specifies “on the surface of the body by the insertion of needles”. Acupuncture and Dry Needling differ in the points treated and methods and depth of needle stimulation and therefore are not directly comparable. Dry needling is a skilled intervention using a thin, filiform needle, without injectate, to penetrate the skin to stimulate and effect change in underlying tissues.

Acupuncturists also incorrectly state high adverse events and complications caused by dry needling. They claim a 2014 article titled “Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists” by Brady *et al.* reported “36.7 % overall adverse-event rate, pneumothorax up to 3 %, nerve palsy 14 %, hospitalizations”. However, nowhere in the article are these facts listed. In fact, the article actually supports the use of dry needling performed by physiotherapists: *“While mild AEs were very commonly reported in this study of dry needling, no significant AEs occurred. For the physiotherapists surveyed, dry needling appeared to be a safe treatment.”* and *“All adverse events reported were mild and no significant AEs were reported. This implies that the estimated risk of significant AEs using Hanley’s Rule of Three³⁸ was $\leq 0.04\%$ (3/7629). Therefore, in this study, the estimated rate of significant AEs can be considered, at worst, rare”*. Misrepresentation of evidence is misleading and negligent.

The acupuncturists cite a 2017 ruling by the Oregon attorney general Ellen Rosenblum, which found that “dry needling” was not presently within the scope of practice for physical therapy in Oregon. However, if a full review of this decision is completed, you will see that Ellen Rosenblum’s decision was based on an already outdated physical therapy scope of practice at that time, a dictionary definition of “physical therapy”, and inconsistent opinions between states. This ruling used outdated terms and definitions and recognized that the decision was difficult and possibly at odds with other state attorney general rulings. This is entirely why we are attempting to update our physical therapy scope of practice by aligning it with the current model practice act created by the Federation of State Boards of Physical Therapy.

Finally, the acupuncturists would have you believe there is a massive training disparity and physical therapists are not adequately trained to perform dry needling. This is just factually untrue. As of 2015 all physical therapy programs within the United States became Doctoral level for entry level education. In a 2015 report, the Federation of State Boards of Physical Therapy determined that “86% of the knowledge requirements needed to be competent in dry needling is acquired during the course of PT clinical education, including knowledge related to evaluation, assessment, diagnosis, and plan of care development, documentation, safety, and professional responsibilities”. Physical therapists have extensive education in anatomy and physiology, neuroanatomy, pathophysiology, biomechanics, motor control, orthopedics, neuroscience, pharmacology, and differential diagnosis.

I strongly urge you to focus on the facts, not misinformation provided to you by acupuncturists. Aligning state statute with the Federation of State Boards of Physical Therapy’s Model Practice Act will correct outdated legal language, end confusion created by the 2017 Attorney General ruling, and expand timely access to conservative, opioid-sparing pain management for Oregonians, especially in rural and underserved communities. I urge you to support this update so that patients can receive the efficient, high-quality, and evidence-based care they deserve from the providers already qualified to deliver it.

Sincerely,

Gavin McBride, PT, DPT, MS