

Submitter: Holly Polinkus
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

Members of the Senate Committee on Health Care,
My name is Holly Polinkus, and I'm a licensed acupuncturist based in Portland, Oregon. I am writing in opposition to HB 3824, specifically regarding the inclusion of "needle insertion" (Page 3, Line 37) in the physical therapy scope of practice. "Needle insertion" in this context refers to the practice of dry needling—a technique using acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue. In both function and form, it is indistinguishable from acupuncture as defined under Oregon law.

Legal and Regulatory Conflict

Under ORS 677.757(1)(a), acupuncture is defined as the stimulation of specific points on the body "by the insertion of needles." This explicitly includes procedures marketed under the term dry needling.

In Oregon, only practitioners licensed by the Oregon Medical Board (OMB) under ORS 677.759 may legally perform acupuncture. Any unlicensed needle insertion constitutes the unauthorized practice of medicine under ORS 677.765 and is subject to legal penalties. HB 3824 would directly violate this established law by permitting non-OMB-regulated practitioners to perform procedures that meet the legal definition of acupuncture.

Collaboration is Key

As a practitioner, I collaborate with physical therapists and value what they bring to patient care. Together, we create more comprehensive, safer treatment plans. I believe it is far more effective—and safer—for patients when providers build strong referral networks across professions rather than attempt to add an additional modality into their treatments that they are undertrained for and could result in injury.

Licensed acupuncturists complete between 2,500 to 3,500 hours of education, including 800–1,000 hours of hands-on clinical training. In contrast, dry needling certification courses for physical therapists often require as few as 20–100 hours.

This presents real concerns for patient safety.

Patient Safety Concerns

Research shows significantly higher risks when dry needling is performed by inadequately trained providers:

A 2014 prospective study found adverse events in 36.7% of dry needling treatments, including 20 major complications such as pneumothorax and nerve injury (Brady et al., PM&R).

A Polish survey of practitioners reported 3% pneumothorax, 14% nerve palsy, and 1% hospitalization related to dry needling (Majchrzycki et al., MDPI, 2022).

Multiple case reports have documented life-threatening events, including bilateral pneumothorax and prolonged nerve damage (Sahin et al., JournalAgent, 2020; Boissonnault et al., Western Journal of Emergency Medicine, 2013).

Conclusion

For these reasons, I urge you to remove the term “needle insertion” from HB 3824. The proposed language conflicts with Oregon law, risks patient safety, and circumvents the rigorous licensure system established to protect the public. Rather than blurring scopes of practice, we should promote interdisciplinary collaboration rooted in mutual respect and the highest standards of care.

Thank you for your time and thoughtful consideration.

Holly Polinkus, LAc

Citations:

ORS 677.757–677.785: Licensing and regulation of acupuncture in Oregon

Brady S, et al. Adverse events following trigger point dry needling: a prospective survey of 20,000 treatments. PM&R. 2014;6(9):847–852.

Majchrzycki M, et al. Adverse Reactions to Dry Needling Therapy: Insights from Polish Practitioners. MDPI. 2022.

Sahin N, et al. A Rare Complication Caused by Dry Needling: Bilateral Pneumothorax. JournalAgent. 2020.

Boissonnault WG, et al. Traumatic Pneumothorax Following Acupuncture: A Case Series. Western Journal of Emergency Medicine. 2013.