Submitter:	Rita Chorba
On Behalf Of:	
Committee:	Senate Committee On Health Care
Measure, Appointment or Topic:	HB3824

Support for House Bill 3824 & Correcting Misrepresentations About Dry Needling Safety Research

My name is Rita Chorba, PT, DPT, SCS, and I am a Doctor of Physical Therapy and Board-Certified Specialist in Sports Physical Therapy practicing in Fort Campbell, Kentucky. For over 10 years, I have provided dry needling as part of musculoskeletal care for our nation's military service members and veterans. I am writing in strong support of HB 3824 and to correct significant misrepresentations currently being circulated regarding dry needling safety research.

Opponents of this bill, particularly from the acupuncture community, have been citing safety data inaccurately and out of context. Below, I will address the most common misrepresentations:

Brady et al. Study (PM&R, 2014):

False claim: "36.7% of dry needling treatments resulted in adverse events, with 20 major complications such as pneumothorax and nerve injury."
Actual findings: No significant adverse events were reported among physical therapists in this study. Mild, expected effects such as bruising and minor pain occurred. The estimated upper risk rate for significant adverse events was =0.04%.
Pneumothorax: This was mentioned only in relation to a separate acupuncture study (Witt et al.), where two pneumothoraces occurred—both caused by acupuncturists, not physical therapists. Among the PTs surveyed, zero pneumothoraces were reported.
Conclusion: "For the physiotherapists surveyed, dry needling appears to be a safe treatment."

Polish Study (Trybulski et al., 2024):

False claim: "3% pneumothorax, 14% nerve palsy, and 1% hospitalization."
Actual findings: These percentages reflected the proportion of practitioners who had ever encountered these complications in their careers—not the rate per treatment. Only 3% had ever seen a pneumothorax.
Conclusion: Dry needling is "a safe procedure, with mild side effects being transient and severe complications occurring infrequently."

Case Reports on Bilateral Pneumothorax:

False claim: "Multiple case reports confirm life-threatening events."
Actual findings: The cited cases represent extremely rare, isolated events. For example, the Grusche paper documented just 3 pneumothorax cases over 3 years—a minuscule rate when considering the volume of treatments performed nationwide.

My Professional Perspective:

Dry needling has been safely integrated into physical therapist practice in the U.S. since the 1990s, with exceptionally low adverse event rates. My own decade-plus experience using this intervention with military personnel—whose health and readiness depend on precise, effective care—has only reinforced its value and safety when performed by properly trained clinicians.

In addition, Doctors of Physical Therapy (DPTs) possess rigorous, doctoral-level education that includes:

Advanced Anatomy: Including multi-semester cadaver labs and clinical practicums.
Clinical Reasoning & Differential Diagnosis: Equipping PTs to recognize red flags and systemic concerns.
Red Flag Referral to Physicians: Training to promptly refer patients for physician evaluation when serious or systemic conditions are suspected.
Evidence-Based Imaging Decision-Making: Including application of validated clinical decision rules like the Ottawa Ankle Rules, Canadian C-Spine Rules, and more.
Imaging Interpretation: Including radiography, MRI, CT, and ultrasound, with clear criteria for referral when needed.
Finally, professional liability insurers consistently report no increased claims related to dry needling among PTs—reflecting the real-world safety of this practice.

For these reasons, I respectfully urge the Senate Health Committee to support HB 3824 in its entirety.

Thank you for your time and consideration.