

Submitter: Sarah Fan
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824
Members of the Senate committee on Healthcare,

My name is Sarah Fan. I am from Beaverton, Oregon and I am here in opposition to HB 3824, specifically the inclusion of "needle insertion" (Page 3, Line 37) in the physical therapy scope of practice. The term refers to dry needling, a technique that uses acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue—functionally equivalent to acupuncture, as defined in Oregon law. The OAA (Oregon Association of Acupuncturists) has submitted many good arguments about the legal and regulatory conflicts* this bill would engender if passed.

In July 2009, the Oregon Board of Physical Therapy acknowledged that "The dry needling of trigger points is an advanced intervention requiring post physical therapy graduate training and education." and "In the interest of public safety, until specific training and education parameters can be determined, the Board strongly advises its licensees to not perform dry needling of trigger points at this time". I am not aware that any "specific training and education parameters" have been determined to ensure public safety as per the Physical Therapy Board's own recommendation. On May 17, 2017, the Attorney General of Oregon issued an Opinion request (OP-217-2) that needle insertion/ dry needling is not within the scope of practice of a physical therapist licensed in Oregon as it... is typically learned by attending seminars put on by companies that teach dry needling. I am concerned that these companies tend to market aggressively, and make dry needling seem fun and accessible. There are many readily available YouTube and other online videos that demonstrate dry needling techniques.

Unfortunately, It is possible to overlook safety precautions while learning this way. The necessary refinement of needling techniques cannot be completed in a few continuing education classes and by viewing online videos. As a frame of reference, acupuncturists in Oregon must pass a national board exam and have 2,500-3,500 hours of training and 800-1,000 hours of supervised clinical education to practice acupuncture. While the knowledge of anatomy and medical background that Physical Therapists have is helpful, it is not sufficient to substitute for this lengthy and detailed education required of other providers who insert needles in Oregon patients.

In my practice, I utilize an orthopedic style of acupuncture which treats anatomical motor points and trigger points, similar to the type of "needle insertion" PT's are proposing to practice. Based on my training, I know that if a practitioner is not trained with proper caution, the risk of organ injury is real, and potentially fatal. In some patients, only 10-20mm of tissue can exist between the skin and lung in areas that are frequently treated when a patient has upper back or shoulder pain. Injury to the spinal cord or other nerves can also occur if a practitioner is not thoroughly trained.

There are special contraindications/ safety precautions for patients who have had joint replacements, are pregnant, and the list goes on.

I have personally spoken to people who will never elect to have anything to do with needles again after bad experiences with dry needling. I have also had patients report to me that practitioners have needled through their clothing, which is problematic because it does not comply with the clean needle technique standards of infection prevention and does not allow the person placing a needle to see and feel the structure they are needling as well as possible.

In summary, I oppose the inclusion of "needle insertion" in the language of HB 3824 until there are sufficient educational and regulatory safeguards in place. In the meantime, I will continue to refer my patients to PT's for the excellent and import work they specialize in, and hope that they will refer patients who require needle insertion to OMB regulated providers.