| Submitter: | Kim Zinn |
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| On Behalf Of: | |
| Committee: | Senate Committee On Health Care |
| Measure, Appointment or Topic: | HB3824 |

My name is Kim Zinn, I am a Physical Therapist and Certified Athletic Trainer and have been in practice for 21 years.

I am in support of this measure (HB 3824) because I have repeatedly needed to prescribe a patient DME (Durable Medical Equipment) including walkers, crutches, canes, walking poles, TENS units, sacroiliac belts, knee/ankle braces, taping supplies, etc. and been unable to do so to assist the patient in getting these needs covered by their insurance.

I am also in support of this measure in order to allow us to, within specific parameters, order necessary imaging the patient may require in order to determine if continued PT (physical therapy) would be appropriate or if they need to be referred back to their PCP or a specialist. There are many instances where I suspect a high grade ankle sprain/tear, a meniscus tear, an ACL tear, a bulged or herniated disc or a rotator cuff tear; but I am unable to order this imaging to help confirm these PT diagnoses and, instead, the patient must wait to get back into their PCP to inquire about ordering such imaging.

This measure is also very important to our career, in that, if it passes, it would allow us, as professionals to add dry needling to our list of potential tools we can use for patients that require such a manual treatment to improve range of motion, to release tension, to help initiate proper muscle activation for muscle control/strength and, most importantly, for PAIN MANAGEMENT. We go through extensive training in our doctorate program and through post-graduate continuing education that makes pain management the priority in the treatment of our patients. There are numerous research articles on the benefits of dry needling and on pain reduction. We currently use soft tissue mobilization, joint mobilization, modalities, cupping, taping, strengthening, stretching, etc. for pain management; but we would be more efficient and effective in our treatments if we are able to add this pain-management (and myofascial tension adjustment) tool to our arsenal to help our patients achieve their best quality of life possible. Additional continuing education would be needed currently to safely administer dry needling, which many PT's already have. We often have to ship our patients to Washington or Idaho for treatment, and most of them cannot afford to do this consistently.

Please consider the passage of this measure for the health and benefit of our Oregon PT patients to help them reach their full potential. Thank you for this consideration. Sincerely, Kim Zinn, DPT, ATC, Cert. MDT Saint Alphonsus Medical Center Rehabilitation Baker City, OR 541-524-7720.