

Hello,

My name is Patrick Carver. I am a licensed Physical Therapist, practicing in Eugene, OR since 2017. I am here today to provide testimony in support of House Bill 3824.

Having experienced dry needling personally from trained physical therapists in another state, I can personally attest to its benefit. The benefit to the community regarding more ease of access for imaging, durable medical equipment, and disability placards are obviously significant as well.

I want to focus on some of the points that I have read in opposition to HB 3824's passing with regards to dry needling.

1. Training hours. I have read several testimonies referring to the number of hours of training physical therapists are required to learn dry needling when compared to the education for acupuncture licensure. These often reference the continuing education courses that certify physical therapists in ~50 hours depending on the licensing group while citing the required 2000-3000 hours required to earn licensure in acupuncture. This ignores the 3 years of a typical Doctor of Physical Therapy program that is required to sit for licensure in the United States. It is disingenuous at best to say Physical Therapists lack training and to claim that the hours in these classes are the only relevant training a Physical Therapist would have.
2. Safety concerns. Several testimonies reference safety risk of dry needling. Comprehensive education in Physical Therapy licensure is primarily focused on harm reduction and identifying risks as a basis for entering the profession. It is also clearly stated on the course objectives of Dry Needling coursework that safety is heavily emphasized. A commonly cited study by those opposed to the bill is titled "Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists" by Brady S et al (I have listed the full citation below). The citations in these testimonies are regularly stating that "36.7% of dry needling sessions resulted in adverse effects including 20 major complications", which include serious events like pneumothorax. I have read through this article and the 36.7% adverse effect statistic is not mentioned *anywhere* in the article. The article DOES state that adverse events occurred in 19.18% of treatments, with the most common being bleeding, bruising, pain during treatment, and pain after treatment. The article clearly, without question, states that no **significant** adverse events occurred in their study, and there is absolutely no mention of events like pneumothorax in any of the adverse events listed in their data chart. The data table and results also do not discuss any long-term adverse events from the dry needling

treatments. Appropriately citing evidence is vital to evidence-based practice that Physical Therapy is based on, and the data presented in these testimonies is inaccurate based what is actually written in the article.

3. Conflict with Oregon Revised Statute 677.757(1)(a). Dry needling is not acupuncture. The above statute describes acupuncture as “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”. Dry needling is based on Western medicine practices and is based on trigger points and mechanical dysfunctions, whereas acupuncture is guided by Meridians. They are not the same just because both practices use needles. 39 states in the US allow physical therapists to perform dry needling. 7 states do not have language regarding the practice, but dry needling is regularly performed in those states.

A concern that I heard brought up during the live testimony on 5/6/2025 was regarding Physical Therapists administering vaccines. The current state of healthcare does not lend itself to additional expenses for something adding the necessary equipment for vaccine storage to a typical Physical Therapy office. I have worked for three separate clinics and none of my offices were looking for extra equipment to purchase, even if we had the space for such equipment. The current practice act does not allow Physical Therapists to administer medication without orders from a physician, and HB3824 has no language to change that. For example, the practice of iontophoresis can be used to administer medication and is taught in Doctor of Physical Therapy programs as content pertaining to iontophoresis is featured in the national board examination. During my career, I have not used iontophoresis because I have yet to receive a referral for it, and two of the three practices I have been part of lacked the equipment to perform this procedure at all. The only scenario that I can see feasible where a Physical Therapist would be administering vaccinations would be in community health settings such as a vaccine drive. I recognize in my training that I am fully unaware of vaccine schedules and would see it more than appropriate to expand writing in this bill to clarify any concerns about vaccine administration. I also see it fitting to acknowledge that the current landscape of healthcare does not facilitate Physical Therapists to be pursuing vaccine administration.

I want to summarize my support for HB 3824 by highlighting the rigorous training that Physical Therapists are required to undergo as a basis for their licensure and that dry needling is performed by those who are certified post-graduation, requiring additional post-doctorate level education. Dry needling, just as any invasive procedure, does have risks, but the data that I presented shows that the current training requirements for

physical therapists leads to perform dry needling is statistically safe. Finally, dry needling and acupuncture are not the same practice. The purposes of those treatments as well as application of needles for each treatment are distinct and are supported by separate paradigms that make them, without question, separate practices. A wrench can be used while fixing a car or to work on plumbing, but that doesn't mean a mechanic needs a plumber's license to work on a car.

Thank you for your time.

Citations

Brady S, McEvoy J, Dommerholt J, Doody C. Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists. *J Man Manip Ther*. 2014 Aug;22(3):134-40. doi: 10.1179/2042618613Y.0000000044. PMID: 25125935; PMCID: PMC4101552.