

Submitter: SHAO LUN HO  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824

To the Honorable Members of the Senate Committee on Health Care,  
I am Shao Lun Ho, a resident of Portland. I am writing to express my strong opposition to HB 3824, particularly the inclusion of “needle insertion” (Page 3, Line 37) within the physical therapy scope of practice.

The term “needle insertion” refers to dry needling, a technique that uses acupuncture needles to penetrate the skin and stimulate underlying muscle or nerve tissue. Functionally and legally, this procedure is equivalent to acupuncture as defined under Oregon law.

#### Legal and Regulatory Conflict

Under ORS 677.757(1)(a), acupuncture is defined as “the stimulation of a certain point or points on or near the surface of the human body by the insertion of needles.” The law further specifies that acupuncture includes the use of electrical or mechanical devices with or without needles - methods commonly used under the dry needling label.

ORS 677.759 stipulates that only individuals licensed by the Oregon Medical Board (OMB) may legally practice acupuncture in Oregon. Furthermore, ORS 677.765 designates unlicensed needle insertion as the unauthorized practice of medicine and subjects violators to legal penalties.

HB 3824 therefore conflicts with established Oregon statutes by attempting to authorize physical therapists—who are not licensed under the OMB and not regulated by the Acupuncture Advisory Committee under ORS 677.780–785—to perform procedures that clearly fall within the legal definition of acupuncture.

#### Training Discrepancy and Patient Safety Concerns

Licensed acupuncturists in Oregon are required to complete 2,500 to 3,500 hours of formal education, including at least 800–1,000 hours of supervised clinical practice. By contrast, dry needling certification for physical therapists typically involves only 20 to 100 hours of training—often through brief seminars, with limited or no clinical oversight.

This stark disparity in training presents significant safety concerns. Improper needling technique—particularly in anatomically vulnerable areas such as the thorax and

cervical spine—can result in life-threatening complications. Unlike licensed acupuncturists, physical therapists are not required to demonstrate comprehensive knowledge of meridian theory, organ systems, or needling contraindications.

Numerous studies and case reports have documented serious adverse events:

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

A 2022 Polish study reported pneumothorax (3%), nerve palsy (14%), and hospitalizations (1%) from dry needling performed by inadequately trained providers (Majchrzycki et al., MDPI).

Other case studies describe bilateral pneumothorax and permanent nerve damage due to insufficient anatomical understanding (Sahin et al., 2020; Boissonnault et al., 2013).

For the legal, educational, and safety reasons outlined above, I urge you to remove the term “needle insertion” from HB 3824. This language is legally inconsistent with current statutes, exposes the public to avoidable risk, and bypasses essential licensure standards established to safeguard Oregonians.

Thank you for your time and consideration.

Respectfully,  
Shao Lun Ho, LAc., DACM  
Portland, Oregon

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.