



DATE: May 7, 2025

TO: House Committee on Behavioral Health and Health Care

RE: House Bill 3824A - The PT Practice Modernization Act

Senate Committee on Healthcare

Chair Senator Patterson, Vice Chair Senator Hayden, and Members of the Committee:

As a physical therapist with over 34 years of experience and 20 years of practice in Oregon, I believe passage of HB 3824 is critically important because it recognizes the physical therapist's vital role in Oregon's health care system and the extensive training, education, and experience that physical therapists bring to serve our patients.

HB 3824A aligns the practice of physical therapy in Oregon with the *Physical Therapy Model Practice Act (MPA)* established by the Federation of State Boards of Physical Therapy (FSBPT). FSBPT developed the *MPA* to achieve a strong foundation of laws and regulatory standards in physical therapy. Jurisdictions use this nationally recognized tool to help them review and update their practice acts, rules, and regulations.

Oregon's current definition of physical therapy has not been updated since 2005, and many Oregon PT Practice Act sections are much older.

The following are salient points regarding dry needling in support of HB 3824:

DRY NEEDLING

One *MPA* key update that 46 other states have included in their practice act is **dry needling**. Still, physical therapists in Oregon are currently not allowed to apply dry needling to their patients. Dry needling is an evidence-based approach to treating specific muscle areas to relieve pain and improve movement by inserting thin needles into the muscle.

Dry needling is not acupuncture. While both use needles, physical therapy dry needling focuses on treating specific trigger points in the muscle, and acupuncture is a traditional Chinese medicine technique that involves inserting thin needles into specific points (acupoints) on the

body along meridians to relieve pain, address various health conditions, and promote overall well-being. The practice is rooted in the belief that energy, known as *qi* (pronounced chi), flows through the body in channels called meridians, and acupuncture aims to restore balance and stimulate the body's natural healing abilities. If the *qi* is balanced, the person has spiritual, emotional, and physical health. But when the *qi* isn't in balance, disease may occur.

While traditional Chinese medicine explains acupuncture through the concept of *qi*, Western-based acupuncture medicine suggests that it may stimulate the central nervous system, triggering the release of endorphins and other chemicals that can help manage pain and promote healing.

Are there inherent risks to needle insertion? Yes, albeit infrequent and almost always non-adverse events. This applies to both physical therapy dry needling and acupuncture treatments.

The acupuncturists who are opposing HB3824 are citing four references that report adverse events related to physical therapy dry needling:

1. Brady et al., *Adverse events following trigger point dry needling*. PM&R, 2014

- a. OPPOSITION NARRATIVE: The acupuncturists report that this research article concluded that 36.7% of dry needling treatments resulted in adverse events, with 20 major complications, such as pneumothorax and nerve injury.
- b. **The above is misinformation; the article does not exist as referenced.** I completed an online medical reference search of this research article.
 - i. It does not exist in PM&R 2014. In fact, S Brady (the author) has no publication in PM&R (Physical Medicine and Rehab Journal) in 2014 or otherwise.
 - ii. S Brady et al. did, however, publish a paper in JMMT (The Journal of Manual and Manipulative Therapy) in 2014 titled *Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists*. Study link on the National Library of Medicine - PubMed: <https://pubmed.ncbi.nlm.nih.gov/25125935/>

The factual results of this study report the following:

1. 19.8% **mild** Adverse Events (bruising or minor bleeding at the site of needle insertion, pain during treatment, and/or transient pain after treatment at the site of needle insertion. Similar results occur with acupuncture-based needling and going to your physician's office or the pharmacy and receiving a vaccination.

2. No significant Adverse Events were reported, including pneumothorax and nerve injury, contrary to the “20 major complications” the acupuncturists are reporting.

2. Majchrzycki et al., MDPI, 2022

- a. OPPOSITION NARRATIVE: The acupuncturists state that this research article concluded a 3% incidence of pneumothorax, 14% nerve palsy, and 1% hospitalization.
- b. **The above is misinformation; the article does not exist as referenced.** I completed an online medical reference search of this research article.
 - i. Correct citation:

1. Trybulski, R., Kużdżał, A., Kiljański, M., Gałęziok, K., Matuszczyk, F., Kawczyński, A., & Clemente, F. M. (2024). Adverse Reactions to Dry Needling Therapy: Insights from Polish Physiotherapy Practice. *Journal of Clinical Medicine*, 13(23), 7032. Link via PubMed: <https://pubmed.ncbi.nlm.nih.gov/39685492/>

The factual results of this study report the following:

2. The study collected physiotherapists' recollections of adverse events through an online survey and did not accurately report the number of adverse events compared to the treatments provided.
3. One purpose of the study was to determine if a relationship existed between years of experience and the rate of self-reported adverse events. The authors found no correlation, which supports safe application in practitioners trained in Dry Needling for recently trained to experienced practitioners.
4. The study's 'Conclusions' reported that severe adverse effects were extremely rare in clinical practice: pneumothorax and shock were each reported by 3% of respondents, nerve palsy by 14%, infection by 2%, and hospitalization by 1%. The study suggests that most adverse effects are mild, typically bleeding and slight pain during or after treatment. Additionally, Dry

Needling experience does not appear to significantly influence the type or prevalence of these adverse effects.

3. Şahin et al., Journal Agent, 2020; Western Journal of Emergency Medicine, 2013.

- a. OPPOSITION NARRATIVE: Multiple case reports confirm life-threatening events, including bilateral pneumothorax and prolonged nerve damage (Şahin et al., JournalAgent, 2020; Western Journal of Emergency Medicine, 2013).
- b. **The above is misinformation; the article does not exist as referenced and can not be found.**

4. Boissonnault WG, et al. Traumatic Pneumothorax Following Acupuncture: A Case Series. Western Journal of Emergency Medicine. 2013.

- a. OPPOSITION NARRATIVE: Multiple case reports confirm life-threatening events, including bilateral pneumothorax and prolonged nerve damage (Şahin et al., JournalAgent, 2020; Western Journal of Emergency Medicine, 2013).
- b. Boissonnault is not the author of the cited research. Boissonnault published a textbook that cites a case series titled *Traumatic Pneumothorax Following Acupuncture: A Case Series*, completed by F Grusche and published in Clin Pract Cases Emerg Med. 2017 Jan 23. Link via PubMed: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5965435/>
 - i. **Note the title:** *Traumatic Pneumothorax Following Acupuncture: A Case Series*.
 - ii. A review of this article does not define whether an acupuncturist or a physical therapist provided the dry needling. **The title states acupuncture.**
 - iii. The study's 'Conclusions' report that traumatic pneumothorax is an important differential in the setting of dyspnea with recent acupuncture dry needling. Patients with a low BMI may be at particular risk. Furthermore, patients should be informed of this uncommon but serious complication before undergoing acupuncture dry needling.

Without providing a dissertation on the adverse effects of dry needling, a review of the literature reveals that whether dry needling is provided by a physical therapist or needling treatment provided by acupuncturists, a very small risk exists for a serious adverse event. In fact, I found more studies reporting pneumothorax as a significant adverse effect based on acupuncture versus dry needling. Regardless, this risk is so small that the authors conclude dry needling and acupuncture are safe and effective treatments.

Numerous research studies report very small incidences of acupuncture causing pneumothorax and nerve injury that are similar to those that occur with physical therapy dry needling.

Evidence-based practice is imperative for effective outcomes and patient safety. The research supports that dry needling provided by physical therapists is safe and effective, and any adverse effects are extremely rare.

The above information substantiates my support for HB 3824A to include dry needling in the Oregon Physical Therapy Practice Act.

Respectfully submitted,

Karl Kolbeck, PT, OCS, SCS, COMT, FAAOMPT