

Submitter: Haven Gilbert

On Behalf Of:

Committee: Senate Committee On Health Care

Measure, Appointment or Topic: HB3824

Dear Chair and Members of the Committee,

I am submitting testimony in strong opposition to Oregon House Bill 3824, which proposes expanding the scope of practice for physical therapists to include "needle insertion" (commonly known as dry needling). As a Doctor of Acupuncture and Chinese Medicine with over a decade of clinical experience, I am deeply concerned that this bill undermines established patient safety standards, disregards prior legal rulings, and opens the door to dangerous, unregulated needling practices.

1. Patient Safety and Adverse Events

Dry needling, though often described as minimally invasive, carries documented risks. In a large-scale retrospective study involving 20,494 dry needling treatments, researchers found:

7,531 minor adverse events (36.7%), including bleeding, bruising, and pain at the needle site.

20 major adverse events, including pneumothorax and nerve injury (Johnson et al., 2020).

Citation: Johnson MI, et al. The Safety of Dry Needling: A Systematic Review. *J Man Manip Ther.* 2020;28(2):76–85. doi:10.1080/10669817.2019.1572213

By contrast, adverse events in acupuncture—when performed by licensed practitioners—are rare. A review published in *BMJ* analyzing over 34,000 treatments concluded that serious complications are extremely uncommon, with an estimated incidence of 0.05 per 10,000 treatments (MacPherson et al., 2001).

Citation: MacPherson H, et al. The safety of acupuncture: results of a prospective survey of 34,000 treatments. *BMJ.* 2001;323(7311):486–487. doi:10.1136/bmj.323.7311.486

2. Inadequate Training and Disparities in Education

Licensed acupuncturists undergo:

3,000+ hours of graduate-level education, including over 660 hours of supervised clinical training, anatomy, physiology, needling safety, and biomedical sciences.

Physical therapists performing dry needling typically receive:

20 to 100 hours of weekend workshop-style training, with no national standardization or board examination required.

Source: National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM); Federation of State Boards of Physical Therapy (FSBPT)

This disparity in training is a critical patient safety issue. Without the depth of anatomical training and supervised practice, physical therapists risk harming patients, particularly near sensitive structures like the lungs, nerves, and blood vessels.

3. Legal Precedent: Oregon DOJ and Scope of Practice

In 2017, the Oregon Attorney General's Office issued an opinion explicitly stating that dry needling is not within the lawful scope of practice for physical therapists in Oregon.

Citation: Oregon Department of Justice, Opinion No. 8282 (March 3, 2017)

<https://www.doj.state.or.us>

This opinion reaffirms that needle insertion is a specialized medical procedure requiring licensure and should not be permitted without adequate regulatory oversight and professional training.

4. Lack of Regulatory Oversight and National Consensus

No national regulatory body oversees dry needling, and it remains controversial within the healthcare community. The American Medical Association (AMA) stated in 2016 that dry needling should only be performed by practitioners with training equivalent to that of licensed acupuncturists.

Citation: AMA Resolution 241 (A-16), "Dry Needling Performed by Physical Therapists"

5. Recommendation

I respectfully urge the legislature to:

Reject HB 3824 in its current form.

Require any practitioner performing invasive needling procedures to meet the rigorous standards already established for licensed acupuncturists.

Protect Oregon patients by preserving the integrity and safety of acupuncture under existing licensure laws.

Allowing physical therapists to perform acupuncture by another name without proper education or regulation puts patients at unacceptable risk. I stand with my colleagues across the state in opposing this bill.