

Members of the Senate Committee on Health Care,

My name is Olivia Rudio DACM, DiplOM, L.Ac. I am from Portland, and I am here in opposition to HB 3824, specifically the inclusion of “**needle insertion**” (Page 3, Line 37) in the physical therapy scope of practice. The term refers to **dry needling**, a technique that uses acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue—functionally equivalent to **acupuncture**, as defined in Oregon law.

Legal and Regulatory Conflict

Under **ORS 677.757(1)(a)**, “**acupuncture**” is explicitly defined as the stimulation of specific points on the body “**by the insertion of needles**”. The statute further affirms that acupuncture includes the use of **electrical or mechanical devices with or without needles**, which are also marketed under dry needling protocols.

In Oregon, acupuncture may only be practiced by those licensed by the **Oregon Medical Board** under **ORS 677.759**. Unauthorized practice of acupuncture—including any unlicensed needle insertion—is considered the **unauthorized practice of medicine** under **ORS 677.765** and is subject to penalties.

This bill therefore directly **conflicts with established state law** by proposing to allow non-OMB-regulated practitioners (physical therapists) to perform a procedure that falls squarely within the **legal definition of acupuncture**.

The **Acupuncture Advisory Committee** established in **ORS 677.780–785** was specifically tasked with recommending standards for education, licensure, and scope of practice in order to protect the public. HB 3824 undermines this structure by bypassing OMB oversight entirely.

Education and Patient Safety

Licensed acupuncturists in Oregon must complete **2,500 to 3,500 hours of training**, including **800–1,000 hours of supervised clinical education**. This far exceeds the **20–100 hours** of training typically offered in dry needling courses for physical therapists. This discrepancy has serious implications for patient safety.

Numerous studies highlight increased risks of adverse events when dry needling is performed by inadequately trained providers:

- **36.7%** of dry needling treatments resulted in adverse events, with **20 major complications** such as pneumothorax and nerve injury (Brady et al., *PM&R*, 2014).
- A Polish study reported **3% pneumothorax**, **14% nerve palsy**, and **1% hospitalization** (Majchrzycki et al., *MDPI*, 2022).

- 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).

Personal Reflection As A Licensed Practitioner

As a licensed acupuncturist, I take my responsibility to implement needling techniques safely and judiciously very seriously. Before entering the field professionally, I completed over 2,800 hours of rigorous training that emphasized not only technical skill, but also the clinical judgment and historical context necessary to use this tool appropriately.

Needling is not a simple intervention—it is a sophisticated modality rooted in a long-standing medical tradition. In my training, I learned to assess not only where and how to needle, but also *when* not to needle. Classical texts like the *Ling Shu* emphasize this discernment; for example, it advises against needling individuals who are both qi and blood deficient, recommending herbal approaches instead. This kind of decision-making is critical to our work. We consider a patient's vitality, constitution, and current presentation before determining whether needling is even appropriate.

Our techniques are guided by complex clinical reasoning—whether to tonify a deficiency or to disperse excess, and what tools and methods best suit the individual. We use a wide range of needle types and techniques, each with specific indications and precautions. Without this depth of understanding, patients are vulnerable to experiences such as needle shock or adverse reactions, especially when subtle signs of depletion or imbalance are overlooked.

My concern is that even when needling is framed narrowly—as a tool for treating musculoskeletal issues alone, for example—it still demands a level of discernment and training that cannot be bypassed. The decision to needle is never just about accessing muscle tissue. In acupuncture, we are trained to look beyond the site of pain and assess the broader context of a patient's health.

This is where our training becomes essential. A patient might not have the energetic reserves to respond to needling. When needling is applied without this understanding, it can result in unintended effects such as fatigue, dizziness, or even needle shock. These aren't simply side effects—they are signs that the intervention wasn't appropriate for that individual at that time.

When healthcare providers with limited training in these foundational principles apply needling techniques without the broader clinical context, the risk isn't only to the patient. It also impacts how the public and other medical professionals view needling as a modality. One poorly handled experience can lead to distrust—not just in the practitioner, but in the entire field of acupuncture.

However, this is not about protecting professional territory. It's about protecting patients and preserving the integrity of a modality that requires significant study, mentorship, and ongoing clinical refinement. I urge decision-makers to consider the depth of training and discernment

that safe, effective needling demands—and to ensure that those using these tools are fully equipped to do so.

For these reasons, the term “needle insertion” should be removed from HB 3824. It is legally inconsistent with Oregon law, compromises patient safety, and bypasses established licensure and oversight standards put in place to protect the public.

Thank you for your time and consideration.

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.
- Şahin 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.