My name is Tyler Guerra-Powers, and I am a current Doctor of Physical Therapy student in Oregon. I have been fortunate enough to be treated by and alongside physical therapists from other states, and as such feel uniquely positioned to offer my full support of HB 3824. This bill will enhance practices to reduce healthcare costs, improve accessibility, and enhance patient safety for patients in Oregon as well as align the state with the Model Practice Act established by the Federation of State Boards of Physical Therapy.

HB 3824 brings Oregon in line with other states that have already expanded the role of the physical therapist by allowing them to practice more fully within their scope. Over 10 states have begun to allow physical therapists to order and interpret imaging, lowering other health care provider's burdens and increasing patient outcomes by ensuring timeliness of care. Many other aspects of care that are addressed in this bill, including the ordering of durable medical equipment and the ability to certify a patient's disability placard, further improve patient outcomes and lessen provider burden on other, often already overworked healthcare professionals.

There is one specific area I have seen a high amount of opposition towards this bill, and that is in regards to acupuncture versus dry needling. I find it disappointing that other healthcare professionals feel the need to misrepresent the safety and very definition of these two very different treatment approaches. Multiple Supreme Courts in other states have affirmed that dry needling is distinct from acupuncture and properly within physical therapy scope.

I would like to offer a correction of the summarized research papers most commonly misrepresented by acupuncturists in their letters of opposition to this bill. It seems that they are attempting to provoke fear by fabricating severe adverse events from the following studies.

Brady et al. Study (PM&R, 2014):

- **False claim:** "36.7% of dry needling treatments resulted in adverse events, with 20 major complications such as pneumothorax and nerve injury."
- **Actual findings:** Zero significant adverse events occurred among all the physical therapists cited in this study. Only mild adverse events were reported, all of which are also normal and expected side effects from acupuncture treatment (bruising, bleeding, minor pain). The estimated upper risk rate for significant adverse events was ≤0.04%.
    - Pneumothorax:
        - Pneumothorax appears in the literature review section only when discussing an **acupuncture** study by Witt et al. involving 229,233 patients. Two pneumothorax cases were reported among 24,377 adverse events, **both caused by acupuncturists, not physical therapists.**
        - The second mention of pneumothorax was at the end of the study, when they summarized that when PT's performed dry needling, there were zero reported pneumothoraces.
- **Study Conclusion:** The study concluded: "For the physiotherapists surveyed, dry needing appears to be a safe treatment."

Polish Study (Trybulski et al., 2024):

- **False claim:** "A Polish study reported 3% pneumothorax, 14% nerve palsy, and 1% hospitalization."
- **Actual findings:** These percentages represent the number of practitioners who had ever **seen** these complications in their entire careers, not the rate per treatment. The study explicitly states: "Severe adverse effects were extremely rare in clinical practice." Only 3% of the 102 physiotherapists surveyed had ever seen a pneumothorax in their entire career.
- **Study Conclusion:** The study concluded that dry needling is “a safe procedure, with mild side effects being transient and severe complications occurring infrequently."

In summary, dry needling has been safely practiced by physical therapists since the 1990s with extremely low adverse event rates. Even PT liability insurers report no increased claims related to this practice. Doctors of Physical Therapy complete rigorous doctoral-level training specifically designed for musculoskeletal assessment and management. This education includes:

- **Extensive anatomy courses**: Extensive training in musculoskeletal, neuromuscular, and cardiovascular systems through multiple semesters in cadaver labs and clinical practicums
- **Advanced Clinical Reasoning**: Comprehensive training in differential diagnosis, clinical pathology, and evidence-based assessment frameworks
- **Validated Clinical Decision Rules for Imaging**: Specific education in applying protocols like the Ottawa Ankle Rules, Pittsburgh Knee Rules, Canadian C-Spine Rules, and NEXUS criteria to determine when imaging is warranted
- **Imaging Interpretation**: Coursework in diagnostic imaging, including radiography, MRI, CT, and ultrasound, with training in recognizing red flags requiring immediate physician referral
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For these reasons I ask that you please support this bill in its entirety.