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On Behalf Of: Oregon Association Acupuncturists  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824

PLEASE DO NOT LET THIS BILL INTRODUCE "NEEDLE INSERTION" (line 37) INTO THE SCOPE OF PRACTICE FOR PHYSICAL THERAPISTS.

The term "acupuncture" was in the was coined about 1690 by Dutch physician Dr. Willhelm Ten Rhijne when he translated the original Chinese terminology by combining "acus" , Latin for "needle" with "puncture" to indicate the practice of puncturing the skin with a needle. Acupuncture is the insertion of solid (filiform) needles into the points on or near the surface of the with the intent to modify the perception of pain or to normalize physiological functions including for the purpose of pain control and for the treatment of certain diseases and dysfunctions of the body. "Dry needling" is a term that was coined out of research where an empty hypodermic needle was used to stimulate defined points on the body known as trigger points. The biomedical professionals conducting such research and further developing the "dry needling" techniques have been in denial about the nature of acupuncture, convinced that the medical dogma that gave rise to the use of needles therapeutically has remained stagnant and within the confines of ancient texts and applications. Trigger points have been part of acupuncture for thousands of years but biomedicine will not correlate what has been known as "ashi" points to their "discovery."

Acupuncturists in the United States are highly trained skilled practitioners who are subject to training, certification, licensure and regulation similar to that of other medical providers such as physician assistants, advanced practice nurses, MDs and DOs. Our training includes 660-870 hours of hands-on, supervised training in the use of needles and needle technique, management of patient reactions and possible adverse reactions. We are required to pass a nationally certified Clean Needle Technique examination which is entirely focused on safety in office procedure, bloodborne pathogens, and risk reduction. To maintain NCCAOM national certification, a minimum of 60 continuing education credits must be taken over the course of 4 years (15 per year). A substantial portion of an acupuncturist's education is about handling a needle safely, for the benefit and comfort of the patient.

NO part of a physical therapist's or physical therapy assistant's education introduces them to invasive procedures that puncture the skin. The traditional scope of practice for physical therapist DOES NOT include injections or surgical procedures (acupuncture is the "surgery" of traditional Chinese medicine). PTs are highly skilled at what they have been trained to do; they WILL NOT master the handling of a needle with a weekend course. Statistics show that the rate of pneumothorax is much higher with "dry needling" than with acupuncture. Because "dry needling" uses filiform--acupuncture--needles, the public associates dry needling with acupuncture despite requirements for PTs to notify patients receiving dry needling that they are not receiving acupuncture treatment. The two treatments look the same because

they are the same. Advanced trigger point acupuncture IS dry needling and therefore should remain solidly within the scope of practice of the professionals trained and licensed to administer acupuncture.