Support for House Bill 3824 & Correcting Misrepresentations About Dry Needling Safety Research:

My name is Allison Hildreth, DPT, PT and I am a Physical Therapist practicing in Bend, OR. I previously lived in Colorado where I was licensed and worked as a physical therapist since 2000 and successfully utilized trigger point dry needling (after obtaining advanced certifications in this in 2010) to help many patients for over 10 years before moving back to my home state of Oregon. Unfortunately, I can no longer use this helpful intervention in Oregon.

Dry needling is used by trained physical therapists across the nation, only 3 other states besides Oregon still prohibit this. It is time for Oregonians to have access to this highly effective treatment performed by skilled and licensed professionals. It is an efficient treatment strategy that greatly helps to reduce pain and limitations in fewer visits which helps to keep health care costs in check.

I am shocked by the misrepresentation and fear mongering against trigger point dry needling. 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 of 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."

Case Reports on Bilateral Pneumothorax:

- **False claim:** "Multiple case reports confirm life-threatening events, including bilateral pneumothorax..."
- **Actual findings:** The cited case reports document isolated rare occurrences, not patterns of complications. The Kozaci study is a single case report of tension pneumothorax. The Grusche paper describes only 3 cases of pneumothorax over 3 years. **Case reports by their nature document unusual events, not typical outcomes.**

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

For these reasons I ask that you please support this bill in its entirety.