

Submitter:

Wes Smith

On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

HB3824

Hello,

My name is Wes Smith and I live in Portland, Oregon. I am a speech-language pathologist and work in a large outpatient rehab clinic. I have many physical therapist colleagues and have great respect for the important work they do. I am also married to a licensed acupuncturist, and hold equal respect for the field of Chinese medicine. My wife alerted me to language in HB3824 which includes "needle insertion" as a treatment modality within the physical therapy scope of practice. I am writing to voice my opposition to HB3824 on these grounds.

"Needle insertion" is a reference to dry needling, a technique used by PTs involving the use of acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue. This is functionally equivalent to the definition of acupuncture under Oregon law. I polled several of my PT colleagues informally today to inquire if any of them (experienced clinicians as well as newer graduates) received any training or instruction in dry needling or needle insertion techniques during their graduate or clinical training. None of them had. Physical therapists who perform dry needling typically learn this treatment modality in a continuing education course lasting up to a few days in duration. My wife, on the other hand, completed 3 years of graduate training (an accelerated track) and hundreds of clinical hours to receive her Master's degree in Chinese Medicine and Acupuncture and then completed multiple rigorous board exams to become a licensed practitioner of acupuncture and earn the legal right to safely and competently insert acupuncture needles into patients to treat a wide variety of medical conditions.

The passage of HB3824 would not only be unfair to acupuncturists, who have spent exponentially more time on learning the nuances of needle insertion than PTs who complete coursework in dry needling, but in my opinion would also be detrimental to the field of Physical Therapy. If increasing numbers of PTs begin using dry needling in their practice, this logically means there will be fewer PTs providing actual physical therapy to patients who need it. There are numerous potential adverse outcomes associated with dry needling, the incidence of which would likely increase with more providers using this modality, which would in turn likely drive patients away from engaging with Physical Therapy at all and thus not receive the numerous benefits that skilled physical therapy can provide with established PT treatment modalities (eg, therapeutic exercise, neuromuscular reeducation, etc). Patients who have a bad experience with dry needling from a PT would be less likely to seek more skilled needle insertion from a licensed acupuncturist, and thereby miss out on the real

benefits that can be received from a skilled acupuncturist (and negatively impact the field of acupuncture as a whole). Most importantly, including needle insertion within the PT scope of practice would be detrimental to patient safety, given the documented higher incidence of adverse outcomes (eg, pneumothorax) associated with dry needling vs needle insertion by a licensed acupuncturist.

Both acupuncture and physical therapy hold great value in themselves and I have personally seen them work beautifully in conjunction with one another. But HB3824 would blur the lines in an unfair way that I believe will ultimately have negative impacts to both professions as well as patient safety. Thank you for your consideration.

Wes Smith, MA, CCC-SLP