



Jenny Rock, LMT, Certified Advanced Rolfer™

8505 SW Creekside Place, Suite 110

Beaverton, OR 97008

(Office) 503-345-7660

(Mobile) 503-890-9365

jenny@BodyBalancePortland.com

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Members of the Senate Committee on Health Care~

My name is Jenny Rock, I'm from the metro Portland area (Beaverton), and I have strong opposition to HB 3824, regarding the inclusion of "needle insertion" (Page 3, Line 37) in the physical therapy scope of practice. This bill 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 scope of practice and legal definition of acupuncture.

I have been a practicing bodyworker for 37 years, in four states. I refer my clients to physical therapists and acupuncturists all the time, and allowing PTs to practice acupuncture is a huge mistake. This would remove all of the protections and safeguards that the Medical Board has put into place to protect the public by ensuring that practitioners of acupuncture are properly trained and stay that way. For example, one of my clients recently received multiple sessions of "dry needling" from a non-acupuncturist, after being told that it is "supposed to hurt" and that it would work over time. However, not only did she spend a fortune on the treatments, but she was further injured, and wasted time that she could have spent actually getting better had she seen an actual acupuncturist. This is exactly why we need to protect the public.

No practitioner should be treating with acupuncture needles without having received the proper training. There is a reason that acupuncture school takes years to complete, ensuring efficacy, expertise, and competency. Any PT who wishes to cross the line into another practitioner's scope of practice is welcome to attend that school and maintain that license. I actually regularly refer clients to a PT who is ALSO an acupuncturist and therefore practices both. As a licensed massage therapist, I have limits to my scope of practice, too. I'm sure that PTs don't want me advertising that I do "physical therapy" even though as a Certified Advanced Rolfer™ I have significantly more training in manual therapy than most of them have.



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Here are the legal and regulatory conflicts outlining why this should not happen:

- 1) The term in this Bill, “needle insertion,” refers to dry needling, a technique that uses acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue, which is functionally equivalent to acupuncture, as defined by Oregon law. The term “needle insertion” should be removed from HB 3824 since it is legally inconsistent with Oregon law, compromises patient safety, and bypasses established licensure and oversight standards put in place to protect the public
- 2) 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.
- 3) 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.
- 4) 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).



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- 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).

There is zero benefit to the public by allowing PTs to perform any type of needle insertion technique. That should be left to the experts, those who trained for years to do this. The public already has a hard time distinguishing trained practitioners from the untrained. Please don't add any more confusion to our already muddled healthcare system.

Thank you for your time and consideration.

Be well~

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.