
Grace F. Wright

Licensed Acupuncturist

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I have been a licensed acupuncturist since February 2017. To earn this license, I completed over 2,500 hours of clinical and classroom education before I was even eligible to sit for the national board exams. In the state of Oregon, I was required to pass three separate board examinations to achieve certification and state licensure.

Maintaining my license requires a minimum of 60 continuing education units (CEUs) every renewal period, which must include coursework in ethics, safety, and cultural competency. My education and training were rigorous and extensive, designed to ensure that I can treat patients safely and effectively using acupuncture and other modalities.

The process of becoming an acupuncturist is long and painstaking for a reason—every needle must be placed with precision and care. My patients entrust me with their health and safety, often in vulnerable circumstances, because of my expertise. This is why I am deeply concerned about HB 3824, which proposes to allow physical therapists to perform dry needling as part of their scope of practice.

Dry needling is an invasive procedure that uses the same tools and techniques as acupuncture. While it may appear simple to an outside observer, the reality is far more complex. A deep understanding of anatomy, pathology, and clinical safety is required to needle responsibly. Dry needling carries real risks, including pneumothorax, nerve damage, and infection—risks that I have been rigorously trained to avoid over years of education and supervised practice. Pneumothorax was not just a concept in school—it was a constant, sobering reminder of what can go wrong without careful technique and thorough training.

Physical therapists receive as little as 20 to 50 hours of dry needling training, often in weekend seminars. This is not comparable to the thousands of hours licensed acupuncturists must complete to master the safe and effective use of needles. Expanding the scope of physical therapists to include dry needling, without requiring a comparable level of training, poses a serious threat to patient safety.

This is not about questioning the intentions of physical therapists. I believe they care about their patients and want to offer effective treatment. But good intentions cannot replace adequate training, and no healthcare provider

should perform invasive procedures without the depth of education needed to do so safely.

I respectfully urge you to oppose HB 3824 and protect the public by maintaining high standards for needle-based therapies. Patient safety must always come first.

Sincerely,

Grace F. Wright, DACM, LAc AC180729