

Members of the Senate Committee on Health Care,

My name is Emily Schlager. I am from Portland, and I am writing in opposition to HB 3824, specifically the inclusion of **“needle insertion”** (Page 3, Line 37) in the physical therapy scope of practice. The term refers to **dry needling**, a technique that uses acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue—functionally equivalent to **acupuncture**, as defined in Oregon law.

As a future acupuncturist, my most important concern is patient safety, but allowing physical therapists to perform needling without sufficient training harms patients and the acupuncture profession in other ways as well.

As a person who has experienced significant health benefits from acupuncture administered by an LAc, I want this type of care to be available to as many people as possible, and I am concerned that physical therapists performing dry needling will be equated with how acupuncture feels and what it is capable of treating, limiting people’s willingness to seek acupuncture care and the type of conditions they seek care for.

1. Because acupuncture needles are used, adverse events are associated with acupuncture, undermining in the eyes of the public and biomedical providers what is a very safe and beneficial modality when performed by a properly trained practitioner.
2. Dry needling, which is only a tiny fraction of what needles can do in the hand of a licensed acupuncturist, gets equated with acupuncture in the mind of the patient.
 - a. Dry needling is often painful and can lead to patients unwilling to try acupuncture in the future, even though most methods of needling employed by acupuncturists are typically not painful.
 - b. Because dry needling only treats musculoskeletal issues in a limited way, patients who may benefit more from acupuncture used in its full scope may leave the experience of dry needling with the belief that they have experienced acupuncture and significantly underestimate how much they could benefit from true acupuncture.
3. Loss of cultural context. Removed from the larger context of Traditional East Asian Medicine, an acupuncture needle becomes a medicalized tool and we lose the connection to the cultures and people who developed needling techniques.

Legal and Regulatory Conflict

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.

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.

This bill therefore 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 **legal definition of acupuncture**.

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).
- 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).

For these reasons, the term “needle insertion” should be removed from HB 3824. It is legally inconsistent with Oregon law, compromises patient safety, and bypasses established licensure and oversight standards put in place to protect the public.

Thank you for your time and consideration.

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.