

Submitter: IHui Liu
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

Members of the Senate Committee on Health Care,

My name is I-Hui Liu. I am a licensed acupuncturist working in Hillsboro, and I am here 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.

During my training to become an acupuncturist, we were taught the first and foremost ethical duty is non-maleficence, aka “do no harm.” To my belief, this principle should apply to all medical professions. However, allowing “needle insertion” in the physical therapy scope of practice is a direct contradiction to such duty. As an acupuncturist, I witnessed harms dry needling has done to my patient. The patient had a hip surgery and the initial physical therapy in another state that allows dry needling by physical therapists. At her initial acupuncture appointment with me, she presented with severe bruising at multiple locations due to dry needling by the physical therapist. She complained about great pain she endured. In addition, the injuries cause by dry needling prevented her from doing physical exercises thus delayed her recovery. The harm done to my patient was preventable if the needling was done by a properly trained and licensed acupuncturist.

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 (S,ahin et al., JournalAgent, 2020; Boissonnault WG, et al., Western Journal of Emergency Medicine, 2013).

To protect the public, the term “needle insertion” should be removed from HB 3824.

Thank you for your time and consideration.

Citations:

- 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.
- Sahin 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.