

My name is Jaxinn Kearns. 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. The inclusion of needle insertion would not stop there however, but could include needles involving medications and other substances for which physical therapists are not trained, nor should they be. When I google physical therapy, I see that it is acknowledged as the treatment of disease, injury or deformity by physical methods such as massage, heat treatment and exercise, rather, and specifically rather than by drugs or surgery. We do not need physical therapists pretending to be medical doctors, surgeons or acupuncturists, but to perform the service for which they originated and were trained, which is a valuable and necessary service in our healthcare system.

As a healthcare consumer, I want my providers to keep safety, well-being, and best possible outcomes for patients as their primary responsibility. This commitment requires providers to respect the limits of their training and the strengths of their colleagues. In the ongoing conversation about dry needling, it is crucial to recognize that medicine should be collaborative and not superfluous and repetitive.

Dry needling is not a routine physical therapy technique. It is a specialized, invasive procedure that requires extensive training in internal anatomy, neurovascular structures, and tissue response. This tool has existed within Chinese medicine for thousands of years and is available as provided by the many highly competent licensed acupuncturists in our state. I wonder how often all of these PT's and other providers in support of this bill have attempted to refer a patient to a licensed acupuncturist with difficulty. Please utilize the resources we already have. Also, if PT's start inserting needles in their visit, this will waste the available visits covered by insurance that one can have with their acupuncturist, who has more training and expertise and can treat more thoroughly in that visit than would be wasted by the PT using on a handful of trigger points. Acupuncture includes trigger and motor point needling but it includes way more involving systemic function of the body as a whole. This is wasteful and dishonest. In addition, risks associated with improperly performed needling, including pneumothorax, nerve injury, and infection, are not hypothetical. These are real concerns that demand rigorous, focused education. Acupuncturists undergo thousands of hours of training specifically in needle technique, depth control, and anatomical variation, skills that are not covered in standard or post graduate physical therapy programs.

Expanding physical therapists' scope of practice to include dry needling without equivalent safeguards undermines the integrity of both professions. It creates a dangerous overlap without ensuring the same level of proficiency, ultimately placing patients at risk. Instead of redundancy, we should strive for responsible collaboration. When physical therapists and acupuncturists work together, each bringing their specialized expertise, patients benefit from comprehensive, safe, and effective care. Allowing physical therapists to insert needles into people without proper training, degree and licensure, will foster distrust towards the entire profession.

Healthcare is strongest when it is multidisciplinary. No single provider can or should attempt to do it all. Let's recognize that true excellence in care comes not from expanding into another provider's specialty, but from standing beside them and working together with the most benefit to the patient in mind, rather than financial gain. This bill appears to speak mostly towards the bottom line and neglects patient safety and access to care. Let's be better as Oregonians and oppose HB 3824.

Regards,

Jaxinn Kearns

Dept of Human Services