

Testimony In Support of House Bill 3824

Brandon C. Kuske, SPT

My name is Brandon, and I am a doctoral student in physical therapy as well as a lifelong Oregon resident, born and raised. Today, I stand before you not just as a student, but as a future healthcare provider, and one deeply invested in the well-being, safety, and future of the people of Oregon.

I urge you to pass House Bill 3824 in its entirety without hesitation.

House Bill 3824 does something simple, necessary, and overdue: it recognizes that Doctors of Physical Therapy (DPTs) are uniquely trained to provide services that directly improve patient outcomes, such as prescribing durable medical equipment, ordering imaging, and using dry needling techniques that are already standard care in nearly every other state. We have let Oregon fall behind the standard medical practices in physical therapy for years, and this bill is our chance to catch up and make these proven, imperative treatments accessible to the public as they already are across the rest of the nation.

Physical therapists are highly trained musculoskeletal experts and doctors of our profession. We undergo years of doctorate-level education, advanced anatomy, neuroscience, and biomechanics training. This includes extensive training in all of the treatments proposed in this bill, which are supervised and thoroughly assessed for efficacy and safety by qualified experts throughout our seven-year education. To suggest otherwise is not just wrong, it is dangerous to the patients who deserve timely, evidence-based care from the providers most qualified to deliver it. Despite our extensive training in these treatments, Oregon law does not currently allow us to practice them to improve our patients' health and quality of life.

Opponents of this bill have argued, falsely, that expanding PT scope will encroach on their fields or even somehow endanger patients. Let's be honest: This is not about patient safety. It's about protecting turf and profit at the expense of patients' needs. Patients should not suffer longer recoveries, higher costs, and limited access simply because some feel threatened by innovation and progress. This bill is about patient care, not professional politics.

On that note, the vast majority of the opposition to this bill is from acupuncturists who are trying to draw similarities between their practice and dry needling provided by a DPT. Dry needling is a single, very specific, science-backed physical therapy technique that is fundamentally different from acupuncture both in purpose and application. It is a critical tool in modern musculoskeletal rehabilitation, recognized and practiced by physical therapists nationwide in 46 out of 50 states with astounding safety and success rates. Opponents have "cherry picked" studies to support their claim and even referenced a very questionable paper that I could not find in any reputable database, but the available high-quality research is clear. Dry needling is incredibly safe and effective, with studies finding zero adverse effects from the application of dry needling by DPT students (Barrett et al., 2025) and no risk of impacting fragile tissues when applied by a DPT (Fernández et al., 2025). Dry needling would not be already permitted and consistently practiced in 46 states if it posed any danger.

To deny Oregon patients access to this standard treatment is to deny them the best chance at healing. Oregon is among the very last states to include dry needling in its practice, largely due to the lobbying from corporate interests whose motivations are entirely financial, and who are willing to sacrifice the health and well-being of Oregonians to prevent Oregon's doctoral professions from practicing techniques they are trained and

qualified to perform. These claims aren't only harmful and dangerous for patients who need these treatments, but misplaced as well; DPTs performing massage didn't put any massage therapists out of business, and DPTs performing dry needling (in addition to being completely different treatments) will not put any acupuncturists out of business. Their purposes are entirely different, and as such, no patients who want to receive acupuncture will seek out a physical therapist just as no patient who requires musculoskeletal rehabilitation through dry needling would seek acupuncture.

Furthermore, empowering physical therapists to order imaging and prescribe basic equipment improves public health access dramatically, especially in rural and underserved communities where every provider counts, and where physical therapists are often the most accessible and most frequently seen providers. Under current standards, a physical therapist who discovers a need for imaging (which they are already well trained in) can't directly refer patients to imaging; instead, they need to refer them to a physician. The patient will likely have to join a long waiting list and pay extra costs out-of-pocket to see this second provider, only to get that same imaging, and then go through the process of releasing those images to the DPT and coming back to interpret the results. This is far too many unnecessary hoops for a patient in pain to jump through, and in some cases the delay may cause issues to progress further or even discourage the patient from getting necessary imaging entirely. In times of health emergencies, Oregonians cannot afford these outdated restrictions that prevent highly qualified healthcare workers from stepping in and saving lives.

We are not asking to expand beyond our training. We are asking to practice at the top of it. Every item in this bill refers to a practice that all DPT programs in Oregon already teach, and which are available in nearly every other state. Passing House Bill 3824 is not just an upgrade to physical therapy; it is an investment in Oregon's future health, economy, and equity of care.

As a student, I dream of serving this state to my fullest ability. As legislators, you have the opportunity to make sure that I, and every highly trained Doctor of Physical Therapy in Oregon, can deliver the best care, at the right time, for the right reasons.

Please stand with patients. Stand with science and evidence. Stand with the future of healthcare.

Vote YES on House Bill 3824.

Thank you for your time, and for your commitment to the health of your state.

A handwritten signature in black ink, appearing to read 'Brandon C. Kuske', with a stylized, flowing script.

Brandon C. Kuske, SPT

References

- Barrett, T. L., Kearns, G. A., Puentedura, E. J., & Brismée, J.-M. (2025). Dry Needling in United States Doctor of Physical Therapy Programs: Safety Assessment and Adverse Event Reporting. *Journal, Physical Therapy Education*, 10.1097/JTE.0000000000000393. <https://doi.org/10.1097/JTE.0000000000000393>
- Fernández-de-las-Peñas, C., López-de-Celis, C., Rodríguez-Sanz, J., Hidalgo-García, C., Donnelly, J. M., Cedeño-Bermúdez, S. A., & Pérez-Bellmunt, A. (2021). Safety of Dry Needling of the Pronator Teres Muscle in Cadavers: A Potential Treatment for Pronator Syndrome. *Pain Medicine*. <https://doi.org/10.1093/pm/pnab274>