

Submitter: Kristy Arneson DC LMT
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

Dear Chair Patterson, Vice-Chair Hayden, and Members of the Committee:

My name is Kristy Arneson. I am a licensed chiropractor in Oregon and hold a doctorate in Acupuncture and Chinese Medicine. I'm writing to express strong opposition to HB 3824, particularly the inclusion of needle insertion and vaccinations in the physical therapy scope of practice.

Though I have training in acupuncture, I do not perform needling in my practice. Needling is a complex skill that requires not only technical precision, but deep clinical experience. Because it is not my primary method of care, I refer patients to licensed acupuncturists who specialize in this modality. That decision is not about ability—it's about putting patient safety first.

"Dry needling" is often described as different from acupuncture, but in practice, it is not. It uses the same filiform needles and targets nearly identical points—specifically, myofascial trigger points, which often overlap classical acupuncture points. A 2021 peer-reviewed article in *Acupuncture and Herbal Medicine* found that 93% of trigger points map directly to acupuncture points, with shared tissue changes, pain sensitivity, and inflammatory activity. The authors concluded that trigger points and sensitized acupoints are essentially "the same book with different covers" (Sun et al., 2021)¹.

This overlap is not superficial—it has clinical and safety implications. Both sets of points are tied to underlying structures like nerves, blood vessels, lungs, and visceral referral patterns. Needling requires the practitioner to feel, assess, and respond as the needle moves through the body. This is not something that can be mastered in a weekend course.

It's like the difference between drinking wine and being a trained sommelier. Anyone can hold a glass, but only someone with specialized training can detect its subtle notes and flaws. The same is true of needling: holding the needle is not the same as safely applying it.

Many of the points targeted in dry needling are contraindicated during pregnancy, active infection, or immune suppression—something a practitioner must know how to recognize. Even more concerning is the risk of pneumothorax, nerve injury, or vascular trauma if a needle is placed too deeply or incorrectly. These aren't theoretical risks—they are documented, preventable injuries that occur when invasive

procedures are done without adequate training.

In Oregon, licensed acupuncturists undergo 2,500–3,500 hours of education, hundreds of supervised clinical hours, pass Clean Needle Technique certification, and multiple national board exams. Dry needling courses for physical therapists typically offer only 20 to 100 hours, with no requirement for hands-on clinical supervision or standardized safety testing. That is not comparable, and it is not sufficient.

This isn't about professional territory—it's about upholding patient safety and maintaining Oregon's reputation for high-quality, collaborative healthcare. I refer to acupuncturists for needling, to physical therapists for rehabilitation, and to primary care for broader medical management. That model protects patients by ensuring each professional operates within their full scope and competency.

Expanding scope without robust training requirements, supervision, or regulatory oversight is not safe—and it is not the Oregon way.

Please amend HB 3824 to remove all references to needle insertion and vaccinations from the physical therapy scope of practice. Let's protect patients by maintaining clear standards for all healthcare providers.

Thank you for your time and commitment to public safety.

Sincerely,
Kristy Arneson, DC, LMT
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Reference:

1. Sun MS, Yang MX, Rong J, et al. Trigger points and sensitized acupoints: same book, different covers? *Acupunct Herb Med*. 2021;1(2):74–80. doi: 10.1097/HM9.0000000000000018