

Submitter:

Caitlin Kothe

On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

HB3824

As a licensed physical therapist since 2010, a board-certified clinical specialist in orthopedic physical therapy, and a faculty member in a Doctor of Physical Therapy program, I am writing in strong support of House Bill 3824, which affirms that dry needling is within the scope of physical therapist practice in the state of Oregon—without unnecessary or arbitrary limitations.

Dry needling is a safe, evidence-based, and clinically effective intervention for treating neuromusculoskeletal conditions. Physical therapists are highly trained in anatomy, neurophysiology, clinical examination, and differential diagnosis. When dry needling is performed by physical therapists, it is done in the context of a comprehensive evaluation and individualized treatment plan. Therapists who perform this technique undergo rigorous post-professional education to ensure patient safety and clinical effectiveness.

I have personally witnessed the benefits of dry needling in my clinical practice, where it serves as an invaluable tool for managing pain, restoring function, and accelerating recovery. In my academic role, I am responsible for educating DPT students on the safe and evidence-informed application of therapeutic interventions, including dry needling. It is essential that our profession continues to evolve in line with current best practices so we can meet the needs of the diverse communities we serve.

Passing HB 3824 is not only a matter of professional scope—it is a matter of patient access and equity. Restricting physical therapists from offering dry needling services limits timely care for individuals who may already be facing challenges associated with the social determinants of health, such as cost, transportation, limited provider access, and rural geography. In many Oregon communities—particularly in rural and underserved areas—physical therapists are the most readily available providers of musculoskeletal care. Enabling them to fully utilize dry needling within their practice helps bridge gaps in care, enhances recovery, and promotes more equitable health outcomes across the state.

The literature is clear: when performed by properly trained physical therapists, dry needling is a safe and effective tool in the management of musculoskeletal pain and dysfunction. Restrictions not based on evidence or patient safety create unnecessary barriers to care, delay recovery, and increase the overall burden on the healthcare system.

For these reasons, I respectfully urge you to vote in support of HB 3824 and allow

physical therapists in Oregon to provide dry needling as a part of comprehensive, patient-centered care—free from undue limitations. This bill represents a forward-thinking, patient-first approach to healthcare delivery in Oregon.

Thank you for your leadership and your commitment to improving access to high-quality, evidence-based care for all Oregonians.

Sincerely,

Caitlin Kothe, PT, DPT, MS

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