

Submitter: Jonathan Rice
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

I have seen a few common themes in opposition to this bill specifically surrounding dry needling and think that they are worth addressing:

Education: A common criticism is that physical therapists only have a weekend seminar in their education. However, this miss characterizes the education physical therapists receive. The additional training that is being referred to as “a seminar or limited coursework” ignores the approximately 3,000 hours of academic and clinical education prior to licensure which covers, in part, anatomy, diagnostics, medical pathology, and assessment of disease and dysfunction – all grounded in the framework of allopathic medicine.

Distinction: Several letters submitted to this committee claim that dry needling is both fundamentally different in safety and yet the same in practice as acupuncture. However, I have never found a physical therapist asserting that the use of needles influences energy or qi along meridians or channels. Furthermore, the focal targets of the procedure are not necessarily related to the hundreds of established acupuncture points but are derived based on musculoskeletal findings and pathology. This makes dry needling fundamentally different in theory and application. As such, the academic and cultural background required to safely perform dry needling is different, focusing on biomedical rather than traditional Eastern concepts.

Safety: Physical therapy curricula include rigorous training in human anatomy, surface landmarks, and their clinical relevance in guiding treatment. This bill continues in that paradigm by expanding the scope of modalities and retaining regulatory authority over practitioners in good standing while maintaining oversight and regulatory standards for licensed professionals.

Research: The study I most commonly see cited by opponents is Brady et al., PM&R, 2014¹ claiming “adverse event rate of 36.7%, with 20 major complications including pneumothorax and nerve injury,” however the study does not make this claim. This figure is mentioned as part of the literature review of pneumothorax risk in the context of two other studies, both of which were assessing risks associated with acupuncture and not specifically dry needling^{2,3}. In fact Brady found no (as defined in the study) significant adverse events in their own study. It is critical that research is accurately represented in this discussion.

Oversight: The Oregon Board of Physical Therapy was established in 1953 and the Oregon Board of Acupuncture in 1973. Both boards have successfully regulated the

practice of their respective fields without enforcement. Each committed to protecting the health and safety of Oregonians. The assertion that the Oregon Board of Physical Therapy will somehow fail to do this by adding the distinct modality of dry needling is unsupported by the facts. Many medical practices overlap in scope and coexist to deliver safe, effective patient care.

I urge you to vote yes on SB3824.

Sincerely,
Jonathan Rice DPT

1. Brady S, McEvoy J, Dommerholt J, Doody C. Adverse events following trigger point dry needling: a prospective survey of chartered physiotherapists. *J Man Manip Ther.* 2014 Aug;22(3):134-40. doi: 10.1179/2042618613Y.0000000044. PMID: 25125935; PMCID: PMC4101552.
2. Claudia M. Witt, Daniel Pach, Benno Brinkhaus, Katja Wruck, Brigitte Tag, Sigrid Mank, Stefan N. Willich; Safety of Acupuncture: Results of a Prospective Observational Study with 229,230 Patients and Introduction of a Medical Information and Consent Form. *Forschende Komplementärmedizin / Research in Complementary Medicine* 1 April 2009; 16 (2): 91–97.
<https://doi.org/10.1159/000209315>
3. White A, Hayhoe S, Hart A, Ernst E. Survey of Adverse Events following Acupuncture (Safa): A Prospective Study of 32,000 Consultations. *Acupuncture in Medicine.* 2001;19(2):84-92. doi:10.1136/aim.19.2.84