

Dear Committee members,

Thank you for your time and allowing my statement regarding HB 18-1155 to be read in my absence.

My name is Carrie Tempalski, I am an acupuncturist in Fort Collins, Colorado where I have run a successful practice for the past 10 years. Additionally, I am a former Emergency Room registered nurse of 18 years for University of Colorado Health. I wanted, and needed to reach out to you regarding an upcoming vote on HB 18-1155. I have concerns about the physical therapy communities who wish to include "dry needling" within the scope of their practice.

First and foremost, I do not support the utilization of acupuncture modalities, nor the referenced "dry needling" by anyone without the full training expected of a licensed acupuncturist. The current brief symposium training for PT's is insufficient to cover the scope and breadth of knowledge needed to safely treat a patient with acupuncture (aka: "dry needling"). As a licensed acupuncturist, we are required to hold a minimum of a masters degree that includes hundreds of hours of training to become licensed to perform acupuncture.

My greatest concern here is that this lack of training has shown time and time again to be a safety concern to our community and the patients who unwittingly may become injured by undertrained providers. In my own personal practice I have seen these ramifications first hand, and in recent years I have had two clients with serious injuries present to my acupuncture practice. After sessions of "dry needling" by PT's, these patients were discovered to need definitive emergency care after my evaluation of them.

Patient one was an elderly female who sought PT for a painful shoulder. She came to me for her regular acupuncture session the day after she had "dry needling" performed. I discovered during our intake that she had sustained severe bruising and a hematoma to her shoulder, and had significant bleeding beneath the skin (collecting in a large pool in her breast). Our session was canceled and this patient had to be referred out to emergency care for evaluation. It was discovered that a vessel had been lacerated during her "dry needling" session. Consideration was given to whether this hematoma would require surgical evacuation. It required a lengthy time frame for her to heal, not to mention the cost incurred, both emotionally and physically from this significant injury.

Patient two had been seen by a PT several times over a month or more. He was treating her with a type of manipulation to "adjust a rib that was out". During this particular session, the PT performed manipulation and "dry needling". Later that

morning, this woman presented to my clinic for her weekly acupuncture session. Upon her arrival she complained of chest pain that worsened with breathing and shortness of breath. Upon further physical examination, I determined that the patient had subcutaneous emphysema (air under the skin, which is a cardinal sign of a pneumothorax). This is a medical emergency, and she had to go to the emergency room immediately. Upon her arrival in the ER it was determined that she had both a broken rib and a punctured lung (pneumothorax). This patient required emergent chest tube placement and several days of hospitalization to help heal her lung. Again, another case warranting significant concern.

Finally, during my career as an Emergency Room nurse (I am now retired) I took care of three separate patients who had suffered pneumothorax (punctured lungs) during physical therapy "dry needling" sessions and had to come to the emergency room for care. A pneumothorax is a significant medical emergency and can be life threatening. These cases are now several years old, but the impact it has left with me is profound.

Please consider this information when you are evaluating this bill. I do believe it is of paramount importance to maintain the integrity of the acupuncture profession and the safety of the patients we care for.

Thank you so much.

Sincerely,

Carrie M. Tempalski MSTCM, RN, L.Ac.