DRY NEEDLING CONSENT AND REQUEST FOR PROCEDURE

What is Dry Needling? Dry needling is a form of therapy in which fine needles are inserted into myofascial trigger points (painful knots in muscles), tendons, ligaments or around nerves in order to stimulate a healing response in painful musculoskeletal conditions. Dry needling in not acupuncture or Oriental Medicine; that is, it does not have the purpose of altering the flow of energy ("Qi") along traditional Chinese meridians for treatment of disease. In fact, dry needling is a modern, science--based intervention for the treatment of pain and dysfunction in musculoskeletal conditions such as neck pain, shoulder impingement, tennis elbow, carpal tunnel syndrome, headaches, knee pain, shin splints, plantar fasciitis or low back pain. Dry needling is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

Risks: Drowsiness, tiredness, or dizziness occurs after treatment in small number of patients (1--3%) and if affected, you are advised not to drive. Minor bleeding or bruising occurs after dry needling in 15--20% of treatments and is considered normal. Temporary pain during needling occurs in 60--70% of treatments. Existing symptoms can get worse after treatment in less than 3%; however, this not necessarily a "bad" sign. Fainting can occur in certain patients (.3%), particularly at the first treatment session when needling head or neck regions. The most serious risk with dry needling is accidental puncture of a lung (pneumothorax) in .01%. ` If this were to occur, it may likely require a chest x--ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe puncture can require hospitalization and re--inflation of the lung : **(Initial) :_____**

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required/needed, thus this consent will cover this treatment as well as consecutive treatments by this facility. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications, which may result.

(Initial) :_____

Please answer the following questions:

Are you pregnant? Yes No Are you immunocompromised? Yes No Are you taking blood thinners? Yes No

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

You have the right to withdraw consent for this procedure at any time before it is performed.

_____ _____

Patient or Authorized Representative (signature) Printed name

_____ _____

Relationship to patient (if other than patient) Date:

Physical Therapist Affirmation: I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof, and has consented to its performance. PT:_____ DATE: _____