Resilience
PHYSICAL THERAPY

Dry Needling Consent & Information Form

Dry needling involves inserting a tiny monofilament needle in a muscle(s) in order to release shortened bands of muscles and decrease trigger point activity. This can help resolve pain and muscle tension, and will promote healing. This is not traditional Chinese acupuncture, but is instead a medical treatment that relies on a medical diagnosis to be effective. 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: The most serious risk with dry needling is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest xray and no further treatment. The symptoms are shortness of breath may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection, and/or nerve injury. Bruising is a common occurrence and should not be a concern.

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, 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.

Please answer the following questions:

1. Have you ever fainted or experienced a seizure? ❒ Yes ❒ No
2. Do you have a pacemaker or any other electrical implants? ❒ Yes ❒ No
3. Are you currently taking anticoagulants (ex: Aspirin, blood thinners)? ❒ Yes ❒ No
4. Are you currently taking antibiotics for an infection? ❒ Yes ❒ No
5. Do you have a damaged heart valve, metal, or other risk of infection? ❒ Yes ❒ No
6. Are you pregnant? ❒ Yes ❒ No
7. Do you suffer from metal allergies? ❒ Yes ❒ No
8. Are you a diabetic or do you suffer from impaired wound healing? ❒ Yes ❒ No
9. Do you have Hepatitis B, C, HIV, or any other infectious disease? ❒ 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 **Date**

_____ _____
Relationship to patient (if other than patient) **Patient Name Printed**

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.

_____ _____
Physical Therapist **Date**