



## **Dry Needling Informed Consent**

Please review the following information PRIOR to consenting to application of dry needling techniques which is recommended by your physical therapist as a part of the physical therapy plan of care.

Dry Needling is a technique that utilizes thin, solid filament needles to treat myofascial trigger points, muscle spasms, or dysfunctional tissue.

Like any medical procedure, there are possible complications. While these complications are uncommon, they do sometimes occur and must be considered prior to giving consent to the procedure.

- You may experience an increase in pain for one to two days followed by an expected improvement in your overall symptoms.
- You may experience a general feeling of fatigue following treatment as your body requires energy to assist in healing the tissue dysfunction.
- A needle may be placed inadvertently into the lung tissue creating a small hole in the lung. There is minimal risk involved with a cautious and experienced physical therapist performing dry needling.
- You may experience a small bruise or localized bleeding in the region of the inserted needle.
- You may also experience any of the following during treatment: A feeling of relaxation, an increase in energy level, dizziness, nausea, sweating, or irritation at the site of needle insertion.

### **Indicate below if you have any of the following conditions:**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No HIV or AIDS or Hepatitis                    | <input type="checkbox"/> Yes <input type="checkbox"/> No Unstable Blood Pressure |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Current or Recent Infection                 | <input type="checkbox"/> Yes <input type="checkbox"/> No Pacemaker               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Current use of Blood Thinning Medication    | <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Current use of Immunosuppressant Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Fear of needles                             | <input type="checkbox"/> Yes <input type="checkbox"/> No Currently Pregnant      |

I have read this form and I understand the risks involved with dry needling therapy. I have had the opportunity to ask questions and express any concerns, of which have been answered to my satisfaction. I also agree to advise my physical therapist of any and all changes in my physical condition whether or not I believe these changes will affect my physical therapy plan of care.

### **I consent to dry needling treatment provided by my physical therapist.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PT Signature: \_\_\_\_\_

Date: \_\_\_\_\_