

DRY NEEDLING CONSENT AND REQUEST FOR PROCEDURE

Dry Needling involves inserting tiny, flexible, sterile needles in a muscles and connective tissues in order to release trigger points. A trigger point consists of multiple contraction knots, which are related to the production and maintenance of the pain cycle. The benefit of dry needling is that it precisely deactivates trigger points, leading to biochemical changes that can be helpful in relieving symptoms and resolving pain and muscle tension, increasing movement, and promoting healing.

Trigger points manifest throughout the body and are interconnected by the body's myofascial network, nerves, and and other tissues. Therefore, sites chosen for needling may be located near affected or painful areas as well as sites which may be at some distance from affected areas, and may seem unrelated to your pain.

Dry needling is not traditional Chinese Acupuncture, but is instead a medical treatment , and should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist. A complete acupuncture treatment might yield a holistic benefit not available through a limited dry needling treatment. Your dry needle provider has met requirements requirements dictated by by the U.S. state of this practitioner's licensure.

Dry Needling is a valuable and effective treatment for neurological and musculoskeletal pain, and movement impairments. 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 x-ray and no further treatment. 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, nerve injury. and/or vasodepressor syncope (feeling faint) 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 healthcare provider 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, thus this consent will cover this treatment as well as consecutive treatments by this provider and 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.

Procedure: I, _____, authorize _____ to perform Dry Needling.

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	_____ Date	_____ Time
_____ Relationship to patient (if other than patient)	_____ (Patient name printed)	

Provider's 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.

_____ Provider	_____ Date	_____ Time
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