

DRY NEEDLING / INTRAMUSCULAR MANUAL THERAPY CONSENT AND REQUEST FOR PROCEDURE

Dry Needling involves inserting a tiny monofilament needle in a muscle or muscles 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. Your physical therapist trained by _____ has met or exceeded the state required hours with _____ **hours of training** in Dry Needling/Intramuscular Manual Therapy and is now considered a certified Dry Needling/Intramuscular Manual Therapy Practitioner. All training was in accordance with requirements dictated by this facility and by the U.S. state of this practitioner's licensure.

Dry Needling/Intramuscular Manual Therapy 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/Intramuscular Manual Therapy is accidental puncture of a lung (pneumothorax). 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. 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 possibility 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. **I also understand that this treatment may not be covered by my insurance and therefore, accept financial responsibility for payment if my insurance does not cover this service.**

Procedure: I, _____, authorize _____ to perform Dry Needling/Intramuscular manual therapy for my diagnosis of _____.

Please answer the following questions by circling "Yes" or "No":

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

Do you have any known disease or infection that can be transmitted through bodily fluids? Yes No

DO NOT SIGN UNLESS YOU HAVE READ & 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)

Physical Therapist Affirmation: I have explained the procedure indicated above and its possible risks and consequences to the patient who has indicated understanding thereof and has consented to receiving dry needling/intramuscular manual therapy.

Physical Therapist

Date

Time

Patient was offered copy of consent and refused

Patient was given copy of consent