

Dry Needling Consent and Request for Procedure



MUSCLES IN MOTION

Dry Needling is a soft tissue manual therapy technique using tiny filament needles. The needles are safely guided into dysfunctional muscle tissue to aid in restoration of proper movement patterns. The needles may be used with or without electric stimulation to release overactive areas of the muscle commonly called trigger points to wake up dormant stabilizing muscles, improving their neural response, and to reduce pain through your bodies natural pain control mechanisms. Your physical therapist has met requirements for achieving competency in Dry Needling and is now considered a certified Dry Needling Practitioner. All training was in accordance with requirements dictated by Muscles In Motion, LLC and by the North Carolina Physical Therapy licensure. 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 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 physical 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.

Procedure: My signature below authorizes a physical therapist at Muscles in Motion, LLC who is trained in dry needling as recommended by the NC Physical Therapy Board of Examiners to perform Dry Needling to the areas identified by the physical therapist.

Please answer each of 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 infectious Diseases? ^{Yes No}
(e.g. HIV, Hept -B, etc.)
- Active cancer or history of local cancer? 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 Name Printed

Signature

Date

Physical Therapist Affirmation: I have explained the procedure indicated above and its attendant risk and consequences to the patient who has indicated understanding thereof and has consent to its performance

Physical Therapist Name

Signature

Date

