



DRY NEEDLING CONSENT FORM

Dry Needling Therapy is a valuable treatment technique in managing chronic pain, acute pain, muscle stiffness and spasm, edema/swelling, and painful muscle trigger points. Like any treatment procedure, there is risk for complications, and while these are uncommon they can occur and must be appropriately outlined prior to consenting to its use.

Dry Needling uses a thin, flexible, sterile needle to promote muscle relaxation, while increasing the ability of tissue to heal, and often results in pain relief. Dry Needling technique uses the same type of needles used in Acupuncture. However, Dry Needling treatment perspective is based solely on modern physiology, neurology and biomechanics, rather than the ancient Traditional Chinese/Asian Theory of the energy, "Chi". Dry Needling is termed "dry" because at no time will a fluid or medication, be injected into your body. It therefore can be considered a natural therapy to help manage pain and injury.

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.

If you currently have an; infection, cancer, hepatitis, HIV/AIDS, a pacemaker, are taking blood thinners and/or immunosuppressant medications (decreasing the strength of the immune system), then please inform your health care provider prior to beginning treatment.

I have read or have had this form read to me; 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. A copy of this form will be provided to you today.

I consent to Dry Needling Therapy treatment by my health care provider.

Print Name: _____

Date: _____

Signature: _____