

## Dry Needling (DN) Consent Form

Dry Needling involves placing a small needle into myofascial trigger points in order to stimulate a healing response in painful musculoskeletal conditions. Dry needling is not acupuncture or Oriental Medicine; that is, it does not have the purpose of altering the flow of energy (“Qi”) along traditional Chinese meridians for the treatment of diseases. Dry needling is a modern, science-based intervention for the treatment of pain and dysfunction in orthopaedic conditions.

Like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving consent to treatment.

### **Risks of the procedure:**

Dry needling is very safe; however serious side effects can occur in less than 1 per 10,000 (0.01%). The most serious risk associated with DN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only 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 lung puncture can require hospitalization and re-inflation of the lung. This is a very rare complication and in skilled hands should not be a concern.

Other risks may include infection or damage to internal organs. These are extremely rare events and have been reported in medical literature to occur in less than 1 in 200,000. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from DN is unlikely. Only single use, disposable needles will be used.

You should expect some temporary mild soreness post needling. Minor bruising may occur and is considered normal. The feeling of drowsiness, tiredness or dizziness may occur following needling but is rare (1-3%) of patients.

### **Your practitioner needs to know:**

Have you ever fainted or experienced a seizure? **Yes No**

Do you have Hepatitis B, Hepatitis C, HIV, or any other infectious disease? **Yes No**

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

Do you have any allergies to metals? **Yes No**

Do you have a pacemaker or other electrical implant? **Yes No**

Are you currently taking a blood thinner (i.e. Warfarin, Coumadin)? **Yes No**

Are you currently taking antibiotics for an infection? **Yes No**

Have you had any form of surgery in the past 3 months? **Yes No**

Are you diabetic or suffer from impaired wound healing? **Yes No**

Are you currently pregnant or trying to get pregnant? **Yes No**

\* DN is contraindicated while pregnant. I understand that if I am pregnant, suspect that I may be pregnant or become pregnant during the course of treatment, that I am responsible to inform the practitioner. \_\_\_\_\_ (Initial)

**If you marked yes to any of the above, please discuss with your practitioner.**

By signing below you hereby agree that the above information is correct and that you consent to receive dry needling treatments. OPTC has your best interests and safety in mind.

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

Printed name: \_\_\_\_\_

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