**Informed Consent for Dry Needling**

***Important:*** Please note, that if there are any parts of this form you have questions about, or do not fully understand please ask your therapist before signing.

***Important:*** Please note, you have the right to stop or refuse any part of an evaluation or treatment for any therapy session, for any reason, at any time.

**What is Dry Needling?**

Dry Needling is skilled technique performed by a certified physical therapist where sterile, single-use, and single-insertion filiform needles are inserted through the skin to stimulate underlying muscular tissue, connective tissues, or myofascial trigger point for the management of neuromusculoskeletal pain and movement impairments. No medications are injected into your body, and no fluids are intentionally withdrawn. This treatment may be combined with electrical stimulation with your consent.

**Dry Needling is *Not Acupuncture.*** Dry Needling is a modern treatment that relies upon western medicine principles, diagnoses, and published evidenced-based studies to be safe and effective.

**What does Dry Needling Feel Like?**

As the needle punctures the soft tissues, it is normal to feel a pin-prick sensation, aching, and neural sensation radiating from the area. The therapist will individualize each treatment based on the patient’s comfort level and feedback. The therapist will not stimulate any distal or auricular (ear) points during the session.

**What Type of Needles are Used in This Clinic?**

High quality sterile, single-use, and single-insertion filiform needles approved for use by the US FDA are used and then disposed of according to OSHA standards for sharp objects. You are allowed and encouraged to inspect the individually sealed needles before treatment.

**What are the Alternatives to Dry Needling?**

Manual soft tissue mobilization, instrument assisted soft tissue mobilization, and cupping can produce some similar effects to dry needling, but their depth of effectiveness is limited compared to Dry Needling. Acupuncture by an acupuncturist can also produce similar effects, and has about the same risks (see below) as Dry Needling. Injections of medication performed by your physician are another option if your physician feels that treatment would help.

**Is Dry Needling Painful?**

Yes, at times it can be. Temporary pain during dry needling occurs in 60 - 70% of treatments. Finding an acutely painful spot is actually a key sign that you will experience a benefit from the treatment and have less pain later on. You can feel soreness/discomfort in the treatment area for up to 3 days after treatment. This is considered a “normal,” or a routine reaction to the procedure. There is a less than 3% occurrence of existing symptoms worsening after treatment; however, this is not necessarily sign of a “bad” treatment.

**What are the Potential Risks and Complications from Dry Needling?**

Dry Needling is a valuable treatment for musculoskeletal pain; however, like any treatment there are possible complications. The most serious complications are very rare in occurrence, but they are real and must be considered prior to giving your consent for Dry Needling.

The most serious risk associated with Dry Needling is accidental puncture of a lung (pneumothorax). This is a rare complication occurring in less than 0.01% of treatments. The symptoms of Dry Needling-induced pneumothorax can take several hours to develop. The signs and symptoms of a pneumothorax may include:

 Shortness of breath on exertion increased breathing rate, chest pain, a dry cough, bluish discoloration of the skin, and/or excessive sweating.

**If any such symptoms develop after your session, you are advised to immediately call your physician or report to the emergency room.**

Other risks are less serious and include the following: drowsiness, tiredness or dizziness occurs after treatment in a small number of patients (1-3%) and, if affected, you are advised not to drive.

Minor bleeding (usually after needle removal), or bruising occurs after dry needling in 15 - 20% of treatments and is not usually a concern. If you are on prescription blood thinners this can be a larger problem so, please honestly disclose what medications you are taking. As the needles are very thin and do not have a cutting edge, the likelihood of any significant trauma is unlikely.

Fainting can occur in certain patients (0.3%), particularly during the first treatment session when needling the head, face, and/or neck region. Slow transitions from lying to sitting and then to standing help reduce the chances of this happening. As does making sure you eat 2 hours before the treatment.

**Is my Therapist Certified to Perform Dry Needling?**

Yes. In addition to meeting numerous requirements such as degree level, years of practice, and being licensed to practice in New Jersey; your therapist has completed a minimum of 80 hours of approved continuing education specifically for performing Dry Needling, plus 10 hours for every 2 years after initial certification.

**Patient’s Consent:**

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus this consent will cover this treatment as well as subsequent treatments by this facility. All of my questions, related to the procedure and possible risks were answered to my satisfaction.

My signature below represents my consent to the performance of Dry Needling and my consent to any measures necessary to correct complications which may result. I am aware I can withdraw my consent at any time.

Do not sign unless you have read and thoroughly understand this form as well as have all of your questions answered before treatment begins.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorized the performance of Dry Needling.

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Physical Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ I was offered a copy of this consent and refused.

**Important Medical History Specific to Dry Needling**

**Yes No**

□ □ 1. Are you pregnant or actively trying for pregnancy?

□ □ 2. Have you experienced a seizure?

□ □ 3. Do you have a pacemaker or other electrical implant?

□ □ 4. Are you currently taking anticoagulants (blood thinners)?

□ □ 5. Are you currently taking antibiotics for an infection?

□ □ 6. Do you have a damaged heart valve, metal prosthesis or

 other risk of infection?

□ □ 7. Do you suffer from metal allergies?

□ □ 8. Are you a diabetic or do you suffer from impaired wound

 healing?

□ □ 9. Do you have hepatitis B, Hepatitis C, HIV, or any other

 infectious diseases?

□ □ 10. Have you eaten in the last two hours? Please be honest.

□ □ 11. Are you afraid of needles? Please be honest.

□ □ 12. Do you have a history of fainting?