

BritPT Inc

Dry Needling Consent Form

Manual trigger point therapy and needling is a hands-on physical therapy approach to treat myofascial pain and dysfunction. Dry needling is a manual physical therapy and should not be confused with acupuncture. Dry needling deactivates myofascial trigger points by using a thin filiform needle to penetrate the skin and stimulate the underlying myofascial trigger points that contribute to neuromusculoskeletal pain and movement impairment. A local twitch response will be elicited. Multiple trigger points in multiple muscles can be treated during each session. No medication of any kind will be injected.

As with any medical treatment or procedure, there are possible side effects and complications that must be considered prior to giving consent:

1. Dry needling often causes post-needling soreness which can last from a few hours to 2-3 days. This is followed by an expected improvement in the overall pain state. The initial increased pain is caused by the local twitch response.
2. Any time a needle is used there is a risk of infection. However, since only new, sterile and disposable needles are used, infections are extremely rare.
3. A needle may be inadvertently placed in a blood vessel, in which case a hematoma (bruise) may develop.
4. If a nerve is touched, it may cause paresthesia (a prickling sensation) which is usually brief, but may continue for a couple of days.
5. When needling the back or the chest, there is a rare possibility of pneumothorax (a puncture in the lung).

Please answer the following questions:

Are you or could you be pregnant?	Yes	No	If Yes, how many weeks?
Do you have implants of any kind?	Yes	No	If Yes, what?
Do you take blood thinners?	Yes	No	If Yes, what?
Do you have a bleeding disorder?	Yes	No	If Yes, what kind?
Do you take immunosuppressants?	Yes	No	If Yes, what?
Do you have metal allergies?	Yes	No	If Yes, what kind?

I have read or had read to me, the above. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I agree to advise my physical therapist of any changes to any of my answers to the above questions. I understand the risks involved with dry needling. I consent to examination and treatment by all physiotherapists of BritPT, including dry needling, of any and all of my involved and affected muscles.

Signature _____ Date _____