

Dry Needling Consent

Dry needling is a form of intramuscular manual therapy that involves placing a small disposable, sterile needle into the muscle with the intent of causing the muscle to contract and then release, which will improve the flexibility of the muscle and therefore decrease the symptoms. Needles may also be placed into tendons, ligaments, or near nerves to stimulate a healing response in painful musculoskeletal conditions. The performing therapist will not stimulate any distal or auricular points during the intramuscular manual treatment. No drugs are injected. **Single-use, disposable needles are used in this clinic.**

Dry needling is a valuable treatment for musculoskeletal related pain. Like any treatment there are possible complications. While these complications are rare in occurrence, it is recommended you read through the possible risks prior to giving consent to treatment. **The possible risks include, but are not necessarily limited to the following: punctured lungs, bruising, infection, extended or temporary nerve injury, temporary muscle soreness, or injury to blood vessels causing a pooling of blood in the tissues.**

- Have you ever fainted or experienced a seizure? YES / NO
- Do you have a pacemaker or any other electrical implant? YES / NO
- Are you currently taking anticoagulants (blood-thinners e.g. aspirin, Coumadin)? YES / NO
- Are you currently taking antibiotics for an infection? YES / NO
- Do you have a damaged heart valve, metal prosthesis or other risk of infection? YES / NO
- Are you pregnant or actively trying for a pregnancy? YES / NO
- Do you suffer from metal allergies? YES / NO
- Are you a diabetic or do you suffer from impaired wound healing? YES / NO
- Do you have hepatitis B, hepatitis C, HIV, or any other infectious disease? YES / NO
- Have you had surgery in the region being treated in the past 12 weeks? YES / NO
- Have you had any type of surgery in the past 6 weeks? YES / NO

You will receive dry needling treatment from a physical therapist who has met the requirements of the Mississippi State Board of Physical Therapy totaling a minimum of 50 hours of directly supervised training and is credentialed by the State Board to perform this procedure.

STATEMENT OF CONSENT

I confirm that I have read and understand the above information, and I consent to having dry needling treatments. I understand that I can refuse treatment at any time.

Printed name: _____

Patient's signature: _____ Date: _____
(Parent/Guardian if patient is under 18 years of age)