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## DRY NEEDLING CONSENT FORM

### **BENEFITS:**

Dry Needling can help resolve pain and muscle tension, and will promote healing and improved range of motion. It involves using a thin, flexible, sterile needle to promote muscle relaxation, while increasing the ability of the tissue to heal, and often results in pain relief. This is accomplished by getting tight painful bands in a muscle called “trigger points” to reset, relax and reduce the trigger point’s activity. Dry Needling is not the same as traditional Chinese Acupuncture, which has its roots in Eastern Medicine rather Dry Needling treatment perspective is based solely on modern physiology, neurology and biomechanics.

Dry Needling is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. Although these complications rarely occur, they must be considered prior to giving consent for treatment.

### **RISKS:**

The most serious risk with Dry Needling is accidental puncture of a lung pneumothorax. In the rare instance that this injury was to occur, typically it would require a chest x-ray. 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, is not a likely occurrence.

Other risks include minor to moderate increases in muscle soreness and ache for up to two days. However, improvements in overall pain state can be expected to occur within the first 24 hours after treatment. If a needle touches a nerve, vein or artery and produces pain, bruising, numbness and/or tingling, it can be expected to resolve in a few days. All needling procedures have a risk for infection. However, Dry Needling Therapy always utilizes new, sterile, disposable needles and thorough hand-washing procedures to minimize this risk.

### **PATIENT’S CONSENT:**

I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success with this procedure as well as the possibility, although rare, serious side effects can occur. Your consent to the first treatment covers this initial treatment as well as consecutive treatments by this facility, clinic, company, and its providers.

I have read and fully understand this consent form. I understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to Advance Therapy PC dba Advance Physical Therapy its therapy providers, assistants, contractors, affiliates, managers etc to the performance of the Dry Needling procedure. I also consent to seek medical advice/treatment if any complications result.

**I consent to Dry Needling Therapy Treatment by my Health Care Provider.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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