



DOCKERY & ASSOCIATES

PHYSICAL THERAPY

DRY NEEDLING CONSENT AND INFORMATION FORM

What is Dry Needling?

Dry needling is a form of therapy in which fine needles are inserted 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. In fact, dry needling is a science-based intervention for the treatment of pain and dysfunction in musculoskeletal conditions such as neck and back pain, headaches, knee pain, shin splints, plantar fasciitis, and tendinopathies (shoulder impingement, tennis elbow).

Is Dry Needling safe?

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 or bruising occurs after dry needling in 15-20% of treatments and is considered normal. Temporary pain during dry needling occurs in 60-70% of treatments. Existing symptoms can get worse after treatment (less than 3% percent of patients); however, this is not necessarily a “bad” sign. Fainting can occur in certain patients (0.3%), particularly at the very first treatment session when needling the head or neck regions. Dry needling is very safe; however serious side effects can occur in less than 1 per 10,000 (less than 0.01%) treatments. The most common serious side effect from dry needling is pneumothorax (lung collapse due to air inside the chest wall). The symptoms of dry needling-induced pneumothorax commonly do not occur until after the treatment session, sometimes taking several hours to develop. The signs and symptoms of pneumothorax may include shortness of breath and exertion, increased breathing rate, chest pain, a dry cough, bluish discoloration of the skin, or excessive sweating. If such signs and/or symptoms occur, you should immediately contact your physical/occupational therapist or physician. Nerves or blood vessels may be damaged from dry needling which can result in pain, numbness, or tingling; however, this is a very rare event and is usually temporary. Damage to internal organs has been reported in the medical literature following needling; however, these are extremely rare events (1 in 200,000)

Is there anything your practitioner needs to know?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever fainted or experienced a seizure? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you have a pacemaker or any other electrical implant? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are you currently taking anticoagulants (blood thinners e.g. aspirin, warfarin, Coumadin)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are you currently taking antibiotics for an infection? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you have a damaged heart valve, metal prosthesis, or other risk of infection? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are you pregnant or actively trying for a pregnancy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Do you suffer from metal allergies? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Are you a diabetic or do you suffer from impaired wound healing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Do you have Hepatitis B, Hepatitis C, HIV, or any other infectious disease? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Have you eaten in the last two hours? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Single use, disposable needles are used in the clinic

Statement of 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 of this procedure, as well as the probability of serious side effects. If such signs and/or symptoms occur, you should immediately contact your physical/occupational therapy, physician, or if after hours, go to your nearest emergency room. Multiple treatment sessions may be required/needed, this this consent will cover this treatment as well as consecutive treatments by this facility. I have read and fully understand this consent form and 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 the performance of this procedure. I also consent to any measures necessary to correct complications which may result. I understand that I can refuse treatment at any time.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM

Name (Print): _____ DOB: ____/____/____

Signature: _____ Date: ____/____/____

Physical Therapist/Occupational Therapist Affirmation: I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understand; thereof, and has consented to its performance.

Physical Therapist/Occupational Therapist: _____ Date: ____/____/____