



Dry Needling Informed Consent

Please review the following information PRIOR to consenting to application of dry needling techniques that are recommended by your physical therapist as a part of the physical therapy plan of care.

Dry Needling is a technique that utilizes thin, solid filament needles to treat myofascial trigger points, muscle spasms, or dysfunctional tissues.

Like any medical procedure, there are possible complications. While these complications are uncommon, they do sometimes occur and must be considered prior to giving consent to the procedure.

- You may experience an increase in pain for one to two days followed by an expected improvement in your overall symptoms.
- You may experience a general feeling of fatigue following treatment as your body requires energy to assist in healing the tissue dysfunction.
- A needle may be placed inadvertently into the lung tissue creating a small hole in the lung. This risk is minimal when dry needling is performed by an experienced physical therapist.
- You may experience a small bruise or localized bleeding in the region of the inserted needle.
- You may also experience any of the following during treatment: A feeling of relaxation, an increase in energy level, drowsiness, dizziness, nausea, sweating, or irritation at the site of needle insertion.

Indicate below if you have any of the following conditions:

- **Are you taking blood thinners?** Yes / No
- **Are you or is there a chance you could be pregnant?** Yes / No
- **Are you aware of any problems or have any concerns with your immune system?** Yes / No
- **Do you have any known disease or infection that can be transmitted through bodily fluids?** Yes / No

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. I also agree to advise my physical therapist of any and all changes in my physical condition whether or not I believe these changes will affect my physical therapy plan of care.

I consent to dry needling treatment provided by my physical therapist.

Patient Name: _____

Patient Signature: _____

Date: _____

Patient Guardian (if applicable): _____

Date: _____