



Premiere Performance Physical Therapy, Inc.

TRIGGER POINT DRY NEEDLING CONSENT TO TREAT FORM

Trigger point dry needling (DN) is a skilled invasive technique performed by a physical therapist using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin and muscle tissue to effect change in myofascial trigger point due to myofascial pain and/or decreased movement through production of a local twitch response (brief pain reproducing of your symptoms). A myofascial trigger point consists of multiple contraction knots, which are related to the production and maintenance of the pain cycle. Like any treatment there are possible side effects and rare complications. While complications are rare in occurrence, they are real and must be considered prior to giving your consent for dry needling treatment.

Risks of the procedure:

Most patients report being sore after the procedure. The soreness is described as muscle soreness over the area treated and into the areas of referred symptoms. Typically, the soreness lasts between a few hours and two days.

The most serious risk associated with DN is accidental puncture of a lung (pneumothorax). If this were to occur, it may require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe lung puncture, while rare, may require hospitalization.

Other risks may include bruising, infection or nerve injury. It should be noted that bruising is a common occurrence and should not be a concern. The monofilament needles are very small and do not have a cutting edge; the likelihood of any significant tissue trauma from DN is unlikely. There are other conditions that require consideration so please answer the following questions:

- **Are you taking blood thinners?** Yes / No
- **Do you have a fear of needles?** 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

Patient's Consent: 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.

My signature below represents my consent to the performance of dry needling and my consent to any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time.

I, _____ authorize the performance of Trigger Point Dry Needling.

Patient or Authorized Representative

Date

Relationship to patient (if other than patient)

☐ I was offered a copy of this consent and refused.