

Dry Needling Consent and Information Form

What is Dry Needling?

Dry needling is a form of therapy which uses fine needle insertion into myofascial trigger points, tendons, or ligaments in order to stimulate a healing response in painful musculoskeletal conditions. Dry needling is not acupuncture in that it does not have the purpose of alternating Chi in accordance with traditional Chinese medicine. Dry needling is an evidence-based intervention for the treatment of pain and musculoskeletal dysfunction.

Is Dry Needling Safe?

The possible risks and adverse reactions to dry needle therapy include but are not limited to temporary pain, bleeding, bruising, infection, dizziness, nerve injury, pneumothorax, pregnancy termination, changes to blood pressure, rash, fainting, muscle soreness, and fatigue.

Serious adverse events include pneumothorax, cardiac tamponade, and damage to organs (0.04%). Mild or moderate adverse events include bruising (7.55%), bleeding (4.65%), pain during treatment (3.01%), and pain after treatment (2.19%). Uncommon adverse events include aggravation of symptoms (0.88%), drowsiness (0.26%), headache (0.14%), and nausea (0.13%). Rare adverse events include fatigue (0.04%), altered emotions (0.04%), shaking, itching, claustrophobia, and numbness (all 0.01%). (Brady, S et al. Journal of Manual and Manipulative Therapy 2013 VOL. 000 NO. 000 (2013))

Is there anything your practitioner should know?

Have you ever fainted or experienced a seizure?	No / Yes
Do you have a pacemaker, irregular heart beat, or cardiac arrhythmia?	No / Yes
Do you have a bleeding disorder or are currently on blood thinners?	No / Yes
Are you immunocompromised or currently taking antibiotics?	No / Yes
Do you have a damaged heart valve, metal implant, or other risk for infection?	No / Yes
Do you have congestive heart failure, angina, or recent cardiac surgery?	No / Yes
Are you pregnant or actively trying to become pregnant?	No / Yes
Do you have any metal allergies?	No / Yes
Are you diabetic or do you have impaired wound healing?	No / Yes
Do you have Hepatitis B, C, HIV, or any other infectious disease?	No / Yes
Do you have chronic edema, lymphedema, or malignancy?	No / Yes

*****Only single-use, sterile, disposable needles are used in this clinic.*****

Statement of Consent

I confirm that I have read and understand the above information, and I consent to having dry needle treatment. I understand that I can decline treatment and stop at any time.

Signature: _____

Patient Name: _____

Date: _____