



DRY NEEDLING CONSENT AND REQUEST FOR PROCEDURE

Dry Needling (DN) means a skilled intervention using a thin filiform needle to penetrate into or through the skin and stimulate underlying myofascial trigger points or muscular or connective tissues for the management of neuromuscular pain or movement impairments. This is not traditional Chinese Acupuncture, but DN is a medical treatment that relies on a medical diagnosis to be effective. DN is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

Risks: The most serious risk with DN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely 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 puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection, and/or nerve injury. Bruising is a common occurrence and should not be a concern.

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 of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required/needed, thus 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.

This is a self-pay service only. This service is not billable to insurance. Cash Pay Rates are as follows: \$40 (15 min); \$70 (30min); \$90 (45 min). No additional charge for cash pay clients.

Procedure: I, _____, authorize Drew Dischinger (Level 3), Kim Erisman (Level 3), Ethan McCoy (Level 3), Mark Leyhe (Level 1), and/or Brennan Lashbrook (Level 1) to perform Dry Needling for the following diagnosis:

Please see back for definition/anatomical region per Level 1-3.

Please answer the following questions:

Are you pregnant? Yes No **Are you immunocompromised?** Yes No

Are you taking blood thinners? Yes No **History of pneumothorax?** Yes No

DO NOT SIGN UNLESS YOU HAVE READ & THOROUGHLY UNDERSTAND THIS FORM.

You have the right to withdraw consent for this procedure at any time before it is performed.

Patient or Authorized Representative

Date

Time

Relationship to patient (if other than patient)

(Patient name printed)

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

Physical Therapist

Date

Time



Details on exact muscles trained per Level may be found at myopainseminars.com

Level 1:

Arm

Shoulder

Neck

Back

Hip/thigh

Calf

Chest

Level 2:

Abdominals

Cervical spine

Thoracic spine

Lumbar spine

Level 3:

Hand

Foot

Face

TMD