

# Dry Needling Patient Consent and Info

Dry Needling (DN) involves placing a small, sterile needle into the muscle at the trigger point in order to cause the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms. While it utilizes small needles, DN is not acupuncture. One or more needles may be used during the treatment, and it may require more than one office visit.

DN can be a valuable treatment for musculoskeletal pain. Like any treatment, there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving consent to treatment.

## Risks of the Procedure

- DN involves the use of needles, which may cause discomfort and bruising. Further, DN may not be appropriate for those with a fear of needles. If you have a fear of needles, please let us know.
- Any time a needle is used, there is a risk of infection. We attempt to mitigate this risk by using disposable, sterile needles.
- Because some bleeding could occur, please let us know if you have a genetic bleeding disorder or are regularly taking any blood-thinning medication (eg: Coumadin or Warfarin) or pain relievers containing ibuprofen, NSAIDS, aspirin or acetaminophen (eg: Advil, Aleve, or Tylenol). Also, please let us know if you have any medical condition that can be transmitted via blood or other bodily fluids.
- 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. You may experience symptoms such as shortness of breath that may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. Other risks include injury to a blood vessel causing a bruise, infection, nerve injury (resulting in numbness, pain or tingling). Bruising is a common occurrence and should not be a concern.

## Please answer the following questions:

- ☐ I have a fear of needles
- ☐ I have a condition or history of a condition that can be transmitted to another person via blood or other bodily fluids.  
Please specify condition: \_\_\_\_\_
- ☐ I am currently taking blood thinners

## Payment is expected at time of service

Pricing for Dry Needling is as follows:

- One or two muscles – \$25.00
- Three or more muscles – \$50.00

I have read this patient Information and Consent carefully. I understand this procedure is not acupuncture. The procedure is Dry Needling as defined by the physical therapy practice act, K.S.A. 65-2901 and amendments. I have had an opportunity to ask questions and obtain desired clarification. I authorize \_\_\_\_\_ to perform Dry Needling for the following diagnosis: \_\_\_\_\_

*Clinician Name*

*Diagnosis*

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (printed) \_\_\_\_\_

Clinician Name (printed) \_\_\_\_\_

Certification Level: ☐ DN1 ☐ DN2 ☐ DN3