POINT TO POINT
MOBILE PHYSICAL THERAPY

DRY NEEDLING CONSENT TO TREAT FORM

Dry needling (DN) is a skilled technique performed by a physical therapist using a single-use, solid filament , sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability. DN is not acupuncture. DN is specifically used to treat myofascial trigger points, muscle spasms, scars, or other areas with tight tissues. Like any treatment there are possible complications. While these 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:

The most serious risks associated with DN are accidental puncture of a lung (**Pneumothorax**) and a collection of blood outside of the spinal cord / in the spinal canal (**Subdural/Epidural Hematomas**). Although rare, if these were to occur they may require hospitalization in severe cases. Your clinician has been specifically trained to avoid unnecessary risks, maximize safety, limit needle depth in high risk areas, and palpate to avoid such complications – though they can still happen.

Other risks may include but are not limited to; bruising, bleeding, pain, infection, nerve injury, or drowsiness/autonomic responses (sweating, fatigue, nausea, dizziness, changes in vitals). It should be noted that bruising/soreness are a common occurrence and should not be a concern – typically lasting one to two days on average but extending beyond that in some cases. 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
- **I have (cosmetic/medical) implants ?** 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 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 clinician. All of my questions, related to the procedure and possible risks, were answered to my satisfaction.

My voluntary 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 Dry Needling.

_____ _____

Patient or Authorized Representative (Print / Signature) Date

_____ _____

Joshua Stallings, DPT Date

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