



## Therapeutic Dry Needling Therapy Consent form

I, \_\_\_\_\_, do hereby give my voluntary consent for the administration of trigger point dry needling.

Therapeutic dry needling technique is a treatment used for the purpose of alleviating pain and improving posture and movement. It uses fine, solid filament needles with or without the application of electrical stimulation. This clinic uses sterile, single use, disposable needles and maintains a clean and safe environment. The needles are inserted through the skin into the underlying tissues and muscles at specific points known as myofascial trigger points. When a twitch response is obtained, the trigger point is released. Manual therapy techniques are often incorporated into treatment. I understand that dry needling is not a form of acupuncture.

I have been informed that dry needling is generally a safe method of treatment, but that it may have side effects, including bruising, post treatment soreness and discomfort, in rare cases, dizziness or fainting. While the risk of dry needling is small, there have been very rare instances reported of pneumothorax or a collapsed lung. I understand that while this document describes the major risks of treatment, other side effects may occur. Alternative methods of treatment and their benefits and risks have been explained to me.

I will notify Schuster Physical Therapy and the treating therapist(s) should I have a bleeding disorder, take any anti-coagulants (blood thinners), have a pacemaker or defibrillator, have any implants (medical or cosmetic) or am pregnant. If any of these conditions arise during the course of my treatment, I will notify Schuster Physical Therapy and the treating therapist(s) immediately of the change in my status.

I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment from Tracy-Lynn Schuster, DPT at Schuster Physical Therapy.

I have read or have had this form read to me; and I understand the risks involved with Dry Needling Therapy. I have had the opportunity to ask questions and express any concerns, of which have been answered to my satisfaction. By signing below, I give my consent to evaluation and treatment. I understand that I can refuse treatment at any time.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_