

Dry Needling Consent Form

Dry needling: is a technique used in physical therapy practice to treat trigger points in muscles. Trigger points are hyperirritable spots in skeletal muscle associated with hypersensitive palpable nodule in a taut band. The technique is invasive and involves placing a needle into a muscle or muscles in order to release shortened bands of muscle and decrease trigger point activity. This can help resolve pain, muscle tension, and promote healing. Dry needling is performed at **Adapt Physical Therapy & Player Development** by a licensed physical therapist who has received additional training in this technique. The procedure being performed (Dry Needling) is defined by the Kansas Physical Therapy Practice Act, K. S. A. 65-2901 and amendments thereto. My physical therapist will monitor me during dry needling and use appropriate infection control procedures to reduce the risk of infection.

Dry needling as used in physical therapy is not acupuncture and should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist. A complete acupuncture treatment might yield a holistic benefit not available through a dry needling treatment. Patients who are interested in acupuncture should consult with a state licensed acupuncturist.

This form is a consent form and general release of medical liability for this procedure. By signing this form, you are agreeing not to hold Adapt Physical Therapy & Player Development and its staff liable for any complications that may arise from the practice of this procedure. Dry Needling is a valuable addition to standard therapy for musculoskeletal pain. Like any treatment, there are risks and possible complications. While complications are rare, they are real and must be considered prior to giving consent for treatment.

POTENTIAL RISKS AND COMPLICATIONS OF PROCEDURE:

Complications related to dry needling are rare and do not usually require additional medical treatment. The main risks and complications associated with Dry Needling include bruising, nerve injury, infection, and increased pain. In extremely rare cases, accidental puncture of a lung may occur that could require chest x-ray and additional medical treatment/hospitalization.

Contraindications for the use of Dry Needling include: pregnancy, malignant tumor, bleeding disorders, medical emergencies, or in replace of surgical interventions, patients on blood thinners, unstable blood pressure and internal organ diseases.

DIAGNOSIS: _____

ANATOMICAL REGION:

Cervical/Facial: _____ UE: R/L _____

Thoracic: _____ LE: R/L _____

Lumbar: _____ Hip/Pelvis: _____

CONSENT AND RELEASE OF LIABILITY:

I consent to and expressly and voluntarily assume the risks of my participation in this procedure. I will inform Adapt Physical Therapy & Player Development and my Physical Therapist of any questions or concerns I have concerning my treatment. I certify that I am not experiencing any contraindications as listed above. I agree to indemnify, defend, and hold harmless, Adapt Physical Therapy & Player Development, its owners, officers, agents, employees, affiliates, heirs, executors, administrators, successors, and assigns from and against any and all liability, suits, losses, costs, expenses, or any other claim of damage whatsoever, caused by or as a result of my participation in this treatment method. I have read, understand and agree to the terms of this consent. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Printed Name of Patient

Date

Signature of Patient or Legally Authorized Person