



Catalyst Therapies, LLC

TRIGGER POINT DRY NEEDLING CONSENT FORM

Trigger point dry needling (TDN) involves placing a small 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. Trigger point dry needling is not intended to stimulate acupuncture points.

TDN is 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:

The most serious risk associated with TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only 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 lung puncture can require hospitalization and re-inflation of the lung. This is a rare complication and in skilled hands should not be a concern.

Other risks may include bleeding (causing a bruise), infection and nerve injury. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from TDN is unlikely. The needles are sterile and clean precautions will be used in order to minimize the chance of infection.

Peter Szymanski, PT, IOC, CFMT, Christine Shott PT, Becca Mohrbacher PT, and Katherine Hauska PT have had training in this procedure as required by the Colorado Department of Regulatory Agencies, and is qualified to perform trigger point dry needling.

Please consult with your practitioner if you have any questions regarding the above treatment. We also have additional written information available.

I have read or been read and understand the above information, and hereby give consent for Trigger Point Dry Needling procedures to be performed on me by Peter Szymanski, PT, IOC, CFMT or Christine Shott PT. This consent may be revoked at any time verbally or in writing.

Please print your name.

Signature

Date