

Dry Needling Information

What is Dry Needling? Dry needling is a form of therapy in which thin filiform needles are inserted into myofascial trigger points (painful knots in muscles), tendons, ligaments, or near nerves in order to stimulate a healing response in painful musculoskeletal conditions. Dry needling is not acupuncture or Oriental Medicine; that is, it does not have the purpose of altering the flow of energy ("Qi") along traditional Chinese meridians for the treatment of diseases. In fact, dry needling is a modern, science-based intervention for the treatment of pain and dysfunction in conditions such as low back, neck, headaches, knee, shoulder, foot and ankle pain

Is Dry Needling Safe? Drowsiness, tiredness or dizziness occurs after treatment in a small number of patients (1-3%) and if affected, you are advised not to drive. Minor bleeding or bruising occurs after dry needling in 15-20% of treatments and is considered normal. Temporary pain during dry needling occurs in 60-70% of treatments. Existing symptoms can get worse after treatment (less than 3% of patients); however, this is not necessarily a "bad" sign. Fainting can occur in certain patients (0.3%), particularly at the rest treatment session when needling the head or neck regions. Dry needling is very safe; however, serious side effects can occur in less than 1 per 10,000 (less than 0.01%) treatments. The most common serious side effect from dry needling is pneumothorax (lung collapse due to air inside the chest wall). The symptoms of dry needling-induced pneumothorax commonly do not occur until after the treatment session, sometimes taking several hours to develop. The signs and symptoms of a pneumothorax may include shortness of breath on exertion, increased breathing rate, chest pain, a dry cough, bluish discoloration of the skin, or excessive sweating. If such signs and/or symptoms occur, you should immediately contact your physical therapist or physician. Nerves or blood vessels may be damaged from dry needling which can result in pain, numbness or tingling; however this is a very rare event and is usually temporary. Damage to internal organs has been reported in the medical literature following needling; however, these are extremely rare events (1 in 200,000). Only single-use, disposable needles are used in this clinic.

Dry Needling Consent

I have read and understand the dry needling consent form.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever fainted or experienced a seizure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a pacemaker or any other electrical implant (insulin pump, etc)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you taking anticoagulants (blood-thinners) such as Warfarin or Coumadin?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently taking antibiotics for an infection?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a damaged heart valve, metal prosthesis or other risk of infection?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you pregnant or actively trying for a pregnancy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you suffer from metal allergies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you diabetic, suffer from impaired wound healing, or reduce sensation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have Hepatitis B, Hepatitis C, HIV, or any other infectious diseases?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you eaten in the last 2 hours?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Signed Consent for Dry Needling

I have read this form 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. I also agree to advise my physical therapist of any and all changes in my physical condition whether or not I believe these changes will affect my physical therapy plan of care. I consent to dry needling treatment provided by my physical therapist.

Patient Signature:

Date:

Physical Therapist Signature:

Date: