



# DUBLIN FAMILY *Chiropractic*

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## Informed Consent for Dry Needling of Trigger Points

Dr. Jamie L. Berringer, DC, CCSP (or your massage therapist) has recommended that you receive Trigger Point Dry Needling (TPDN) for the evaluation and/or treatment of myofascial trigger points. Trigger points are localized areas of hyperactive muscle or tissue that have numerous inflammatory and pain producing chemicals causing local tightness and are often accompanied by pain and dysfunction of the muscle, consequently irritating local nerve endings as well as decreasing normal movement of the nearby joints enough to limit normal function.

Dry Needling to trigger points has been shown to decrease or completely reduce the irritation and to reduce or completely eliminate the irritating chemicals in an active trigger point. This release can improve range of motion, decrease pain and/or improve function. Patients often feel a significant improvement of their symptoms immediately after the treatment.

The procedure involves placing a very thin, single use disposable sterile solid filament needle (not hollow) with sterile technique into a trigger point. The number of needles used during any individual visit and the number of visits you are given this treatment depends on many factors that differ from patient to patient. **THIS IS NOT ACUPUNCTURE; NOR IS THIS ANY FORM OF ACUPUNCTURE.**

Be assured that this procedure is very safe. Most patients do not feel the needle when it is placed and other than a focal muscle twitch or feeling of a subtle muscle cramp around the needle tip, there is little to no pain with this procedure. Because the needle being used is very thin, there is usually little to no bleeding with this procedure.

Occasionally, however, complications may arise. Any procedure intended to help may have complications or side effects. While the chances of experiencing complications are unlikely, it is our practice to inform patients. Most of these complications are very minor and self-limiting and resolve quickly on their own.

### **Minor complications include:**

- **Focal bruising at the needle insertion site.**
- **Minor soreness in the immediate area afterward.**
- **A small amount of bleeding at the needle insertion site that stops on its own within a few minutes.**

These minor complications generally resolve within a day or two after the treatment.

### **More serious complications, while very rare, are possible and include:**

- **Fainting (or vasovagal response)**
- **Persistent bleeding at the needle insertion site.**
- **Infection**
- **Puncture of the lung (only if the needle is being used near lung tissue). *If this were to occur, it may likely require a chest x-ray but no further treatment.***

The possibility of complications may be increased if you have certain pre-existing conditions. Please fill out the following page for us to keep on file with your electronic medical records.

Patient Name: \_\_\_\_\_

Please verify the following past medical history by checking next to the following statements:

\_\_\_\_\_ I have a fear of needles, have fainted, or fear I will faint when needles have been used for my diagnosis or care in the past.

\_\_\_\_\_ I have a bleeding disorder that causes my blood to clot slowly or not at all.

Please specify: \_\_\_\_\_

\_\_\_\_\_ I take blood thinning (anti-coagulation) medication. Please specify: \_\_\_\_\_

\_\_\_\_\_ I currently have diabetes.

\_\_\_\_\_ I have taken a mind-altering medication. Please specify: \_\_\_\_\_

\_\_\_\_\_ I am currently in my 1<sup>st</sup> or 2<sup>nd</sup> trimester of pregnancy.

\_\_\_\_\_ I have a metal allergy.

*Any of the above statements, may be a contraindication to receiving TPDN.*

\_\_\_\_\_ I have a history of a blood disorder that can be transmitted to another person.

Please specify: \_\_\_\_\_

\_\_\_\_\_ I have taken pain relievers (e.g. aspirin, Tylenol, Ibuprofen, etc.) in the past 48 hours.

\_\_\_\_\_ I have osteoporosis or osteopenia.

\_\_\_\_\_ I have an auto-immune disease.

\_\_\_\_\_ I have a pacemaker.

\_\_\_\_\_ I recently had surgery. Please specify: \_\_\_\_\_

I have read this Patient Information and Informed Consent carefully, I understand this procedure is NOT acupuncture and I have had an opportunity to ask questions and obtain any desired clarification. I also understand that there is no guarantee or warranty for a specific cure or result. I understand the above statements regarding examination and treatment side effects. I give my permission and consent to the procedure or treatment. I understand that I can stop this procedure at any time.

I also understand that this procedure is not billable through my insurance at this time. I am responsible for the cost of this session, at the time of the appointment.

**The price per session is \$30.00.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If patient is less than 18 years old, a parent or legal guardian must sign.

Name of Parent/Legal Guardian (Please print): \_\_\_\_\_

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