



Active Point Health Dry Needling Informed Consent and Release Form

Please review the following information PRIOR to consenting to application of dry needling techniques which is recommended by your physical therapist as a part of the plan of care. Dry needling is a technique that utilizes thin, solid filament needles to treat myofascial trigger points, muscle spasms, or dysfunctional tissue. The intent of dry needling is to elicit a local twitch response to normalize muscle tone, therefore improving the mobility of the muscle and decreasing the present symptoms. Dry Needling is performed by a licensed physical therapist who has received additional training in this technique. Dry needling is expected to be an effective treatment for myofascial pain. Myofascial pain can be a component of many conditions including joint problems and soft tissue pathologies.

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

This form is a consent form and general release of liability for this procedure. By signing this form, you are agreeing not to hold Active Point Health LLC 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 do exist and must be considered prior to giving consent for treatment

POTENTIAL RISKS AND COMPLICATIONS OF PROCEDURE:

Like any treatment, there are possible complications. Complications related to dry needling are infrequent and do not usually require additional medical treatment. The main risks and complications associated with dry needling include: bruising, hematoma, nerve injury, infection, and increased pain. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. Temporary soreness is also a common occurrence and is expected to go away within 48 hours. As the needles are very small and do not have a cutting edge, any significant tissue trauma from dry needling is unlikely.

The most serious risk associated with dry needling is accidental puncture of a lung (pneumothorax). If this were to occur, it may only require a chest x-ray and no further treatment as it can resolve on its own. The symptoms of pneumothorax are pain and shortness of breath that 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, however, if you feel any related symptoms, immediately contact your dry needling provider, your physician, or go to an emergency room. If a pneumothorax is suspected you should seek immediate medical attention from your physician or if necessary go to the emergency room.

Contraindications for the use of dry needling include: Malignant tumors, medical emergencies or in the place of surgical intervention, unstable blood pressure, active infections, blood disorders, open skin lesions, and internal organ diseases.

Relative contraindications: Patients on blood thinners, pregnancy, fear of needles, cognitive impairments, metal allergies, immune disorders, diabetes, pacemaker, and bleeding disorders.



Please note that your dry needling provider has the right to decline to perform dry needling at any time, for any reason, for the safety of themselves and/or the patient.

Indicate below if you have any of the following conditions:

Yes	No	Cancer
Yes	No	Unstable Blood Pressure
Yes	No	Current or Recent Infection
Yes	No	HIV or AIDS or Hepatitis or any other blood disorder
Yes	No	Open skin lesions
Yes	No	Internal organ disease
Yes	No	Current use of Blood Thinning Medication
Yes	No	Currently Pregnant
Yes	No	Fear of needles
Yes	No	Cognitive impairments
Yes	No	Metal allergies
Yes	No	Current use of immunosuppressant medication and/or present immune disorder
Yes	No	Diabetes
Yes	No	Pacemaker
Yes	No	Bleeding disorder

CONSENT AND RELEASE OF LIABILITY:

I consent to and expressly and voluntarily assume the risks of my participation in this procedure. I will inform Active Point Health LLC and/or my physical therapist of any questions or concerns I have concerning my treatment. I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. I certify that I am not experiencing the contraindications listed above. I hereby release, discharge and covenant not to sue, Active Point Health LLC, their respective affiliates, subsidiaries, officers, directors, owners, agents, employees, heirs, executors, administrators, successors, and assigns from and against any and all liability, suits, losses, costs, expenses or 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.

Signature of Client or Legally Authorized Person
(Including parent or guardian if patient is under 18)

Date

Printed Name of Client or Legally Authorized Person
(Including parent or guardian if patient is under 18)

Date

Signature of Physical Therapist

Date