

Medical Record

Informed Consent For Performance of Procedure

## Proposed Procedure

1. Name of Procedure: Trigger Point Dry Needling (TDN)

2. Condition to be treated: \_\_\_\_\_

3. Description of the procedure: Trigger point dry needling is a treatment used in physical therapy practice to treat trigger points (taut bands within a muscle that may cause local and referred pain as well as limit movement). It uses fine solid filament needles( acupuncture needles) with or without the application of electrical stimulation. Needles are inserted through the skin into the underlying tissues and muscles at specific points known as myofascial trigger points. When a local twitch response is obtained, the trigger point is released. Trigger point dry needling is not a form of acupuncture and no drugs are injected.

4. Risks of the procedure: Though unlikely, risks include but are not limited to: Muscle soreness or bruising at/near needling site, typically 1.5 hours to 2 days, vasodepressor syncope (feeling faint), nerve injury, vascular injury, increased spasm, muscle edema, minor bleeding from superficial vessels, infection, hematoma, or failure of procedure to provide intended benefit. When dry needling is performed in the chest, neck or upper back region, there is low risk of an accidental puncture to the lung fields resulting in a pneumothorax (air in lung fields). If this were to occur you would experience symptoms of chest pain, SOB on exertion, dry cough and have decreased breath sounds on auscultation. Please go immediately to the Emergency Room and let them know you have been dry needled.

5. Intended results of the procedure: Decreased pain both locally and into referral sites. Improved muscle function (able to contract and relax appropriately). Improved ability to move and function for daily activities. Decreased muscular tension and improved myofascial flexibility.

## Alternatives to Proposed Procedure

6. Recognized alternatives to the proposed procedure: Other physical therapy interventions and modalities. In some cases orthopedic surgical options or medications from your primary care physician.

7. Risks and benefits associated with the alternatives: Benefits - decreased pain. Surgical risk: infection, nerve and muscle damage, paralysis.

8. Risks associated with not undergoing any treatment or procedure: Minimal risk but patient may have increased pain and worsening of symptoms.

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

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

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

## Signatures (All items in this form must be reviewed before signing)

9. COUNSELING PROVIDER. I have counseled this patient regarding the condition to be treated, the description of the proposed procedure, the intended and anticipated results and the risks of the proposed procedure, alternative treatments, if any, the risks and benefits of the alternative treatments, and the risks of undergoing no treatment.

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*(Signature of Counseling Provider)*

10. I have been informed of the condition to be treated, the description of the proposed procedure, the intended and anticipated results, and the risks of the proposed procedure, alternative treatments, if any, and the risks and benefits of the alternative treatments of the above named proposed procedure. I have been informed of the risks of undergoing no treatment.

I request the performance of the above-named proposed treatment or procedure and of such additional treatments or procedures as are found to be necessary to desirable, in the judgment of the professional staff, during the course of the operation or procedure. I acknowledge that no guarantees have been made to me concerning the results of the treatment or procedure. I acknowledge the above has been explained to my satisfaction, I have had the opportunity to ask my doctor questions, and my questions have been answered. I also realize that Trigger Point Dry Needling is not a covered procedure by my insurance company and I will discuss the additional charges with Pro Fit Rehab's billing specialist.

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(Signature of Patient)

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Date