



FUNCTIONAL DRY NEEDLING® CONSENT

Functional Dry Needling® (FDN) involves inserting a tiny monofilament needle in a muscle or muscles in order to release shortened bands of muscles and decrease trigger point activity. This can help resolve pain and muscle tension and will promote healing. FDN is a valuable and effective treatment for musculoskeletal pain. FDN is not traditional acupuncture and requires a medical diagnosis for effective treatment. Like any treatment, there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

Risks: The most serious risk with FDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely 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 puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection, and/or nerve injury. Bruising is a common occurrence and should not be a concern.

Patient's Consent: 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. My therapist has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required/needed; thus this consent will cover this treatment as well as consecutive treatments by this clinician. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result. You have the right to withdraw consent for this procedure at any time before it is performed.

Procedure: I, _____, authorize Tessa Rowin, PT to perform Functional Dry Needling®.

Please answer the following questions:

Are you pregnant or actively trying to become pregnant?	Yes	No
Are you immunocompromised?	Yes	No
Are you taking blood thinners?	Yes	No
Do you have a pacemaker or any other electrical implant? ...	Yes	No
Have you ever fainted or experienced a seizure?	Yes	No
Do you have any metal allergies?	Yes	No
Do you have Hepatitis B, C, HIV or other infectious disease?	Yes	No
Are you currently being treated for, or prone to infection?	Yes	No

Patient or Authorized Representative

Name Printed

Date & Time

Physical Therapist Affirmation: I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof, and has consented to its performance.

Physical Therapist

Tessa Rowin, PT, DPT, OCS

Date & Time