

McKinney Physical Therapy , PLLC
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Dry Needling Consent to Treat

Dry Needling (DN) involves inserting a tiny mono-filament needle into the symptomatic tissue with the intent to reduce pain, increase circulation, and improve function of the neuro-muscular system. No drugs are injected. DN is NOT traditional Chinese acupuncture. While the same type of needles are used, DN treatment is based solely on modern physiology, neurology, and Western medicine. We do not use Traditional Chinese Acupuncture theory, terminology, or meridians.

All medical procedures carry possible complications. While these are uncommon, they are real and must be considered prior to giving your consent for dry needling treatment.

Risks of Procedure

The most serious risk associated with DN is accidental puncture of a lung (pneumothorax.) if this were to occur, it may likely only require a chest x-ray and no further treatment. They symptoms of shortness of breath may last for several days to weeks. A more severe lung puncture can require hospitalization. This is a rare complication and in skilled hands should not be a concern. Other risks include:

- Infection- All needle procedures have risks of infection. I always use new, disposable, sterile needles, and good hand washing procedures. Infections are extremely rare.
- Bruising- A needle may be inadvertently place in a blood vessel. If a vessel is punctured a bruise or hematoma may develop. Bruising is a common side effect of DN.
- Paresthesia- If a nerve is touched, this may cause a prickling or aching sensation. This is usually brief, but may last for a few days.
- Pneumothorax- (are in the chest cavity) If a needle may be inadvertently placed into the lung tissue, creating a small hold in the lung. This is rare and the PT takes special precautions in these areas.

Other minor side effects may include:

Localized increase in pain may occur after treatment. This increase in pain may last for 1-2 days, followed by an expected improvement in your overall symptoms. You may also experience: Drowsiness or fatigue, relaxation, increase in energy level, dizziness, sweating, nausea, syncope (fainting,) irritation at the site of the needle insertion, aching. At any time during the treatment you feel uncomfortable, painful, nauseous, or faint, the needles will immediately be removed upon your request.

There are are other conditions that require consideration, so please answer the following questions;

<input type="checkbox"/> Yes	<input type="checkbox"/> No	HIV/ AIDS/ Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unstable/Low Blood Pressure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current or recent infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pacemaker/ Cancer/ Diabetes
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current use of blood thinners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chance of or Current Pregnancy
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current use of Immuno-suppressants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fear of Needles

CLIENT'S CONSENT

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatments sessions may be required, this this consent will cover this treatment as well as subsequent treatments by this facility. All of my questions, related to the procedure and possible risks, were answered to my satisfaction. I understand that I am responsible to advise my physical therapist if I develop any of the above conditions during the course of my treatments, as well as any and all other changes in my physical condition.

My signature below represents my consent to the performance of dry needling and my consent to any measures necessary to correct complications, which may result. I am aware that I can withdraw my consent at any time.

Signature: _____ **Date:** _____

Print Name: _____

*Revised 3/2021

