

**Intramuscular Manual Therapy Informed Consent**

Please review the following information prior to consenting to application of dry needling techniques which is recommended by your physical therapist as part of the physical therapy plan of care. Intramuscular manual therapy is also referred to as dry needling. It is a technique that utilizes thin, solid filament needles to treat myofascial trigger points, muscles spasms, and/or dysfunctional soft tissue.

Like any medical procedure there are possible complications. While these complications are uncommon they do sometimes occur and must be considered prior to giving consent to the procedure. You may experience

- A small bruise or localized bleeding in the region of the inserted needle.
- Temporary increase in pain/muscle soreness prior to an expected improvement in symptoms.
- A feeling of relaxation, an increase in energy level, irritation at the site of needle insertion, dizziness, nausea, or sweating.
- In rare cases, allergic reactions to metals can prompt localized swelling or hives.
- A needle may be placed inadvertently into the lung tissue or other organ, creating a small hole in the lung or other organ. This is rare with an experienced physical therapist performing dry needling.

Indicate by circling yes/no below if you have any of the following conditions:

- |  |   |
|--|---|
| <b>Yes / No</b> Blood infections (i.e. HIV, AIDS, hepatitis) | <b>Yes / No</b> Unstable blood pressure |
| <b>Yes / No</b> Current or recent infection                  | <b>Yes / No</b> Pacemaker               |
| <b>Yes / No</b> Current use of blood thinning medication     | <b>Yes / No</b> Cancer                  |
| <b>Yes / No</b> Current immunosuppressant medication use     | <b>Yes / No</b> Currently pregnant      |
| <b>Yes / No</b> Fear of needles                              |   |

I have read this form and I understand the risks involved with dry needling therapy. I have had the opportunity to ask questions and express any concerns of which have been answered to my satisfaction. I also agree to advise my physical therapist of any and all changes in my physical condition whether or not I believe these changes will affect my physical therapy plan of care. I consent to dry needling treatment provided by my physical therapist:

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

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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