

Function.*allied* Health

DRY NEEDLING CONSENT FORM

Please review the following information prior to consenting to application of dry needling treatment, which may be recommended by your therapists as part of your plan of care.

Dry Needling is not acupuncture however it is a similar technique which utilises the same thin, solid filament needles. Dry needling is used to treat myofascial trigger points, muscle spasms, or dysfunctional tissue. The treatment is intended to be comfortable and painless. In most cases, the client is unaware of the needles at all.

Like any medical procedure, there are possible complications. While these complications are uncommon or extremely rare, they do sometimes occur and must be considered prior to giving consent to the procedure.

A. Infection. Any form of skin penetration creates an opportunity for bacteria to enter the system. Your therapist uses single-use sterile needles and alcohol hand-wash to minimise this risk.

B. Pain. A needle in the correct location may briefly reproduce a muscular ache; that is normal and indicates that the technique should be effective in reducing the symptoms very quickly. You may experience a muscular ache for one or two days following the treatment; this is uncommon. In the unlikely event that the needle irritates a nerve as it passes through the tissue you may feel a sharp nerve-like pain which will disappear immediately; in this instance the needle would be withdrawn and a fresh needle inserted in a different location. A nerve pain which does not subside straight away would be very uncomfortable. In the very unlikely event of this occurring, the needling would be withdrawn and a fresh needle inserted in a different location. 2/100 clients may experience a pain sensation other than the expected muscular ache. It is extremely important that your therapist is made aware if you are feeling uncomfortable with the treatment.

C. Bruising or bleeding. On occasion a spot of blood may be visible on the skin after a needle has been withdrawn. In the very unlikely event that a needle causes bleeding underneath the surface of the skin, a painless bruise may appear following the treatment; bruising of this nature would clear very quickly.

D. Drowsiness, fatigue and autonomic responses. Dry needling may cause a client to feel sleepy; if this occurs you will be asked to avoid driving until the feeling has passed. This occurs rarely. Rate of breathing, sweating, blood pressure, heart rate and flushing of the face are involuntary reflexes which may change temporarily as a result of dry needling; these occur rarely and should give no cause for concern.

E. Pneumothorax. There have been approximately 100 reported cases worldwide of acupuncture needles puncturing a lung. This only occurs when needles are inserted incorrectly or too deeply. This is a serious medical condition requiring admission to hospital. Your therapist has been trained to avoid the lungs and limit needle depth to avoid this occurring.

Flip Over

Please indicate if you have any of the following conditions.

- | | |
|--|--|
| <input type="checkbox"/> HIV or AIDS or Hepatitis | <input type="checkbox"/> Unstable blood pressure |
| <input type="checkbox"/> Current or recent infection | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Current use of blood thinning medication | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Current Use of Immunosuppressant Medication | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Fear of Needles | <input type="checkbox"/> Currently Pregnant |

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 therapists of any and all changes in my physical condition whether or not I believe these changes will affect my treatment or plan of care.

I consent to dry needling treatment provided by my therapist.

Client Name (PRINTED): _____

Client Signature (or Parent/Guardian): _____

Date: _____

Therapist Name (PRINTED): _____

Therapist Signature: _____

Date: _____