

Motion Matters Physical Therapy and Wellness
Trigger point functional dry needling consent for procedure



Trigger point functional dry needling involves placing a tiny monofilament needle into a muscle or muscles in order to release shortened bands of muscle and decrease trigger point activity. This can help resolve pain and muscle tension, and promote healing. This is not traditional Chinese Acupuncture, but instead a medical treatment that relies on a medical diagnosis to be effective. Your Physical Therapist has met requirements for trigger point dry needling. All training is in accordance with requirements dictated by Iowa Board of Physical and Occupational Therapy.

Trigger point functional dry needling is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. These are rare in occurrence but require consent for treatment.

I authorize **Natalie Johnston, PT** to perform trigger point functional dry needling for my treatment diagnosis.

Risks

- Accidental puncture of the 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 rare, and in skilled hands should not be a major concern. Other risks include injury to a blood vessel causing bruising, infection, and / or nerve injury. Bruising is a common occurrence and should not be a major 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 all the treatments for this condition. 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. By my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result.

Please do not sign this if you are pregnant, immunocompromised, taking blood thinners, or have a nickel allergy. Please speak to your therapist if you would identify with these.

- Are you pregnant?
- Are you immunocompromised?
- Are you taking blood thinners
- Do you have a nickel allergy?

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM

You have the right to withdraw consent for this procedure at any time before it is performed.

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.

Natalie Johnston, PT

_____ I have read the form and consent to the procedure after further discussion with PT

_____ I have read the form and prefer not to receive dry needling as part of my care

Signature _____

Date _____