

## **DRY NEEDLING CONSENT AND REQUEST FOR PROCEDURE**

*Dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling (DN) is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue. It will diminish persistent peripheral nociceptive input and reduce or restore impairments of body structure and function leading to improved activity and participation. Your physical therapist has met requirements for dry needling dictated by the American Physical Therapy Association and the state of North Carolina.*

DN is a valuable and effective treatment for musculoskeletal pain. Your physical therapist believes you are a good candidate for this treatment to help with pain, mobility, and strength due to this trigger point. Like any treatment, there are possible risks. While rare, they must be considered prior to giving consent for treatment.

**Risks:** Risks include injury to a blood vessel resulting in a bruise. Other sensations may include general soreness, small prick at the time of insertion, local tightness, aching, throbbing, or burning. However, ice and Advil/Tylenol after the appointment should alleviate most or all of those sensations.

### **Charges**

Because needles are not reusable, every appointment will include a \$10 charge for needles in addition to the service fee.

- 30 minutes = \$70.00
- 45 minutes = \$100.00
- 60 minutes = \$110.00

A 24-hour cancellation notice is required for all appointments. Any missed appointments will incur a charge of \$50. Any late arrivals may be required to reschedule.

### **Please answer the following questions:**

Are you pregnant? Yes No

Are you immunocompromised? Yes No

Are you taking blood thinners? Yes No

Do you have implants? Yes No

Do you have PVD (Peripheral Vascular Disease)? Yes No

**Patient's Consent:** I understand that no guarantee or assurance has been made as to the results of this procedure. My therapist has also discussed with me the probability of success of this procedure, as well as the probability of side effects. Multiple treatment sessions may be required, thus this consent will cover this treatment as well as consecutive treatments by this facility. I have read and fully understand this

consent form and understand I may ask questions about the procedure at any time. With my signature, I hereby consent to the performance of this procedure.

**Procedure:** I, \_\_\_\_\_, authorize Joyce Kight, PT, to perform Dry Needling.  
(printed name)

**Procedure:** I, \_\_\_\_\_, authorize Joy Pfuhl, PT, to perform Dry Needling.  
(printed name)

*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.*

_____	_____
Patient or Authorized Representative Signature	Patient Printed Name
_____	_____
Relationship to patient (if other than patient)	Date

**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	Date

- Patient was offered a copy of consent and refused
- Patient was given a copy of consent