



## **Trigger Point Dry Needling Consent Form**

Trigger Point Dry needling (TDN) is used to treat myofascial trigger points by placing a small needle into the muscle in order to cause it to contract and release. This will ease tension and improve flexibility for decreased symptoms. During dry needling the physical therapist will not stimulate distal or auricular points.

TDN is used to treat musculoskeletal pain and can be very effective. Like any treatment there are complications that may occur, although rare, and they must be considered prior to consenting to this treatment.

### **Risks of TDN:**

The most serious risk associated with TDN treatment is an accidental puncture of the lung (pneumothorax), which may only require a chest x-ray and no further treatment. If this were to occur shortness of breath may last several days or weeks. A severe lung puncture could result in hospitalization and re-inflation of the lung. This is a rare complication and in trained hands, unlikely to occur.

Other risks include kidney puncture (which may cause pain and blood in the urine temporarily), excessive bleeding (bruising), infection, compartment syndrome and nerve injury. Bruising is common and should only be a concern if you are taking a blood thinner. The likelihood of significant tissue trauma is unlikely as the needles are very small and do not have a cutting edge.

### **Therapist Training:**

Tanice Kitchener, PT, DPT has completed Level 1 and 2 successfully meeting all requirements for TDN for the management of neuromuscular systems.

\_\_\_\_\_ Initials



Please indicate if you have or have had the following:

|   | Yes | No |
|---|-----|----|
| Bleeding disorder/taking blood thinners |     |    |
| HIV or Hepatitis C                      |     |    |
| MRSA                                    |     |    |
| Compartment Syndrome                    |     |    |
| Heart valve replacement or endocarditis |     |    |
| Fear of needles                         |     |    |
| Surgery in the last 6 months            |     |    |
| Bacterial Endocarditis?                 |     |    |
| Are you allergic to any metals?         |     |    |
| Are you currently pregnant?             |     |    |
| Breast implants                         |     |    |

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Please print name

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Signature

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Date