Therapeutic Dry Needling Informed Consent

Please read this form, complete the safety screen, and ask any questions before treatment.

Patient name _____	**Date of birth** _____

What is Dry Needling?

Intramuscular needling, also called dry needling, is a skilled physical therapy intervention using a single-use, sterile filiform needle through the skin to stimulate myofascial trigger points and connective or muscular tissues. It is used after a physical therapy examination to help evaluate and manage neuromusculoskeletal pain and movement impairments. Needles may be moved, left briefly in place, or paired with gentle electrical stimulation only if separately discussed and appropriate.

How it Differs from Acupuncture

Dry needling is **not** acupuncture; it is performed within a Physical Therapy plan based on a Physical Therapy examination and neuromusculoskeletal findings. It does not use traditional acupuncture diagnosis, meridian theory, auricular points, or distal-point treatment. Dry needling will not be used as a stand-alone treatment.

Potential Benefits and Alternatives

- **Possible benefits:** temporary reduction in pain or muscle tension, improved movement or muscle function, and improved tolerance for exercise or activity. Results vary and are not guaranteed.
- **Alternatives:** you may choose no dry needling. Other options may include education, activity modification, exercise, manual therapy, or referral to another health professional when appropriate.

Expected Effects and Important Risks

- **Common, usually temporary effects:** brief discomfort during treatment, muscle twitching, soreness, bruising, small amounts of bleeding, fatigue, lightheadedness, or a short-term increase in symptoms.
- **Less common risks:** fainting, prolonged soreness, skin irritation, infection, or injury to a blood vessel or nerve.
- **Rare but serious risks:** a broken needle or injury to an internal organ. Needling near the neck, shoulder, chest, or upper back carries a rare risk of pneumothorax, or collapsed lung. Seek urgent medical care for new shortness of breath, chest pain, persistent cough, blue lips, or unusual breathing difficulty after treatment.

Your Choices During Treatment

Your physical therapist will explain the proposed area and technique and answer your questions. You may decline any area, request a pause, or withdraw consent at any time without affecting your access to other physical therapy care. Tell the therapist immediately if you feel faint, unwell, unusually painful, numb, short of breath, or otherwise concerned.

Safety screening

Check **Yes** or **No** for every item; A **Yes** answer does not always prevent treatment, but it must be reviewed with your physical therapist.

	Health questions	Yes	No
1	Are you pregnant, possibly pregnant, or within 6 weeks after delivery?	☐	☐
2	Do you take anticoagulants, antiplatelet medicine, or have a bleeding or clotting disorder?	☐	☐
3	Do you have an active infection, fever, or feel acutely ill?	☐	☐
4	At a proposed treatment area, do you have an open wound, rash, skin infection, tumor, cyst, or unexplained swelling?	☐	☐
5	Have you had surgery or an invasive procedure within the last 6 weeks, or do you have healing restrictions?	☐	☐
6	Do you have a weakened immune system or take immune-suppressing medication?	☐	☐
7	Do you have diabetes, poor circulation, fragile skin, or delayed wound healing?	☐	☐

Safety Screening (continued)

	Health questions (continued)	Yes	No
8	Do you have lymphedema, lymph node removal, or significant swelling in the area?	☐	☐
9	Do you have a history of fainting with needles, severe needle fear, or a prior unusual reaction to needling or injections?	☐	☐
10	Do you have a metal sensitivity, including nickel, or an allergy to latex, adhesive, or skin-cleaning products?	☐	☐
11	Do you have a seizure disorder or another condition that may affect your ability to communicate or remain still?	☐	☐
12	Do you have lung disease, a previous pneumothorax, or recent unexplained chest or breathing symptoms?	☐	☐
13	Do you have a pacemaker, implanted electrical device, joint replacement, or other implant near a proposed treatment area?	☐	☐
14	Are you currently receiving acupuncture for the same condition?	☐	☐

Please list any medications, allergies, or other information your therapist should know:

_____

_____

Consent and Signatures

I have read and understood this form. I have provided accurate information, had the opportunity to ask questions, and understand the proposed benefits, alternatives, expected effects, and risks. I understand that consent is voluntary and may be withdrawn at any time. I consent to dry needling as part of my physical therapy plan of care when my physical therapist and I agree it is appropriate.

_____ _____

Patient or legal representative printed name Date

_____ _____

Patient or legal representative signature Date

_____

Relationship to patient if applicable

_____ _____

Physical therapist signature Date