



Dry Needling Information and Consent Form

What is Dry Needling?

Dry needling is a form of therapy in which fine needles are inserted into myofascial trigger points (painful knots in muscles), tendons, ligaments, or near nerves to stimulate a healing response in painful musculoskeletal conditions. Dry needling IS NOT acupuncture or Oriental Medicine; meaning it does not have the purpose of altering flow of energy (Qi- pronounced chee) along traditional Chinese Meridians for the treatment of diseases. In fact, dry needling is a modern, science-based intervention for the treatment of pain and dysfunction in musculoskeletal conditions such as neck pain, shoulder impingement, tennis elbow, carpal tunnel syndrome, headaches, knee pain, shin splints, plantar fasciitis, and low back pain.

Is Dry Needling Safe?

Yes, dry needling is very safe, minimally discomforting and very often an effective technique for patients with certain musculoskeletal presentations.

We use Single-use, Disposable Needles for dry needling in our clinic!!

Some minor side effects may occur such as the following:

- Drowsiness, tiredness, and/or dizziness may occur after treatment in a small number of patients (1-3%). If this occurs, you are advised not to drive and have a driver pick you up.
- Minor bleeding or bruising can occur after treatment (15-20% of patients) and is considered NORMAL.
- Temporary pain occurs during dry needling in 60-70% of treatments.
- Existing symptoms can get worse after treatments (<3% of patients); it is not necessarily a “bad” sign.
- Fainting can occur in certain patients (0.3%), particularly at the first treatment session when needling of the head/neck is performed.

Serious side effects can occur in less than 1 per 10,000 (< 0.01%) treatments.

- Nerves or blood vessels may be damaged from dry needling which can result in pain, numbness, or tingling; however, this is a very rare event and is usually temporary.
- Damage to internal organs has been reported in the medical literature following needling; however, these are extremely rare events (1 in 200,000).

Northborough

411 West Main Street, Suite 3
Northborough, MA 01532
p: 508-393-9000
f: 508-393-9525

e: info@flahertyphysicaltherapy.com
w: www.flahertyphysicaltherapy.com

Hudson

43 Broad Street, Suite C302d
Hudson, MA 01749
p: 978-875-7500
f: 978-875-7501

A decorative graphic in the bottom right corner consisting of several overlapping triangles in shades of green and grey. The text 'LET'S MOVE!' is centered within a grey triangle.

LET'S MOVE!



- The most common serious side effect from dry needling is pneumothorax (lung collapse due to air inside the chest wall).
 - The symptoms of dry needling-induced pneumothorax commonly do not occur until after the treatment session, sometimes taking several hours to develop.
 - The signs and symptoms of a pneumothorax may include:
 - Shortness of breath on exertion
 - Increased breathing rate
 - Chest pain
 - A dry cough
 - Bluish discoloration of the skin
 - Excessive sweating
- ❖ **If such signs and /or symptoms occur, you should immediately contact your physical therapist or physician.**

What your practitioner needs to know:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever fainted or experienced a seizure? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you have a pacemaker or any other electrical implant? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are you currently taking blood thinners (e.g., aspirin, warfarin, coumadin)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are you currently taking antibiotics for an infection? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you have a damaged heart valve, metal prosthesis or other risk of infection? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are you pregnant or actively trying for pregnancy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Do you suffer from metal allergies? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Are you a diabetic or do you suffer from impaired wound healing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Do you have Hepatitis B, Hepatitis C, HIV, or any other infectious disease? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Have you eaten in the last two hours? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Are you currently diagnosed with active cancer?* | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Statement of Consent for Treatment:

I confirm that I have read and understand the above information, and I consent to having dry needling treatments. I understand that I can refuse treatment at any time.

Signature of Client

Parent Signature (if under 18)

Date

© Dry Needling Institute of American Academy of Manipulative Therapy 2012. James Dunning, DPT, Msc Manip.Ther., OCS, MSCP,MAACP(UK), FAAOMPT

*Added to original form.

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