

Maribeth Crupi Physical Therapy LLC

Dry Needling Informed Consent

The staff at MCPT LLC has received advanced training to perform Dry Needling (DN).

DN uses very thin needles without any medication (a dry needle) to achieve its effect. It is used to treat pain and dysfunction caused by a wide range of musculoskeletal problems. Your therapist will explain the benefits for your condition if they feel DN will be of help in treating you.

In contrast to acupuncture, which uses an ancient meridian system for needle placement, DN uses a western anatomical model to determine needle placement. Dry Needling works by mediating pain pathways and promoting a return to balance in the body (homeostasis) by creating a small lesion that facilitates a healing response.

DN is not intended to replace other customary components of your treatment program; including but not limited to other forms of manual therapy, therapeutic exercise or modalities such as electrical stimulation (which in some cases may be combined with your needling treatment).

Prior to DN it is recommended you be well hydrated and have not eaten for at least 30 min before your treatment.

During DN you may feel a muscle ache and/or twitch. These are normal and good sensations, and mean that you will likely experience good relief from your symptoms. You may also feel nothing with some needle placements, but just the act of placing and removing a needle offers the benefit of creating a healing response in the body. Some mild lingering achiness within 1-2 days after treatment may occur, and is considered normal.

In general, there is very little risk associated with DN. As with any type of needle there is a very small risk of infection. That potential risk is kept very low as we only use new, sterile, single-use disposable needles. It is also possible to have mild bruising around a needle site.

To avoid any additional risks, and to help your therapist determine if DN is an appropriate intervention for you, please notify your PT if you are pregnant or have any of the following conditions: a pacemaker implant, an active infection anywhere in your body; metal allergies; skin conditions (for example psoriasis or poison ivy); any active forms (including skin) or recent history of cancer; any conditions that can be transferred by blood, including but not limited to HIV, Hepatitis B or C; osteopenia or osteoporosis; are taking any blood thinners or you bruise easily; or have any other conditions that you are concerned may have an adverse effect to needle punctures.

DN in the thoracic spine area can be done safely and with great benefit. Special care is taken to identify anatomical landmarks to assure proper needle placement. Due to the fact that the lungs are located in this area of the chest does offer an additional risk. If the lung itself is punctured, you may develop a condition called a pneumothorax (air in the space around the lung). This is a rare but serious problem, and you should seek immediate medical attention if you develop any symptoms of shortness of breath, coughing, or sudden sharp pain with breathing w/in 24 hours of receiving a DN treatment the chest area. Treatment of pneumothorax is very successful for this rare but possible complication.

It is recommended that following DN you make an effort to drink water and stay hydrated to reduce the possibility of post treatment soreness.

Please consult with your therapist if you have questions regarding DN that have not been answered after review of this document.

Please initial:

I have read this document thoroughly and am aware of the benefits, risks, and conditions where DN would not be recommended _____

I have notified my PT of any potential conditions I have that might present a concern for DN. _____ or N/A _____

I am aware that after signing this initial document, if I experience any change in my health status, especially any type of infection or condition noted on the previous page, I am to notify my physical therapist immediately so it can be determined if DN is still an appropriate intervention. _____

Print Name of Patient

Date

Signature of Patient (or Parent/Guardian if minor)

Date