

## Dry Needling

The purpose of this document is to provide written information regarding the risks, benefits, and alternatives of dry needling. Please read it thoroughly and discuss any questions and concerns you may have with your therapist.

**Procedure:** Dry needling is an invasive procedure in which a dry sterile solid filament needle is inserted into muscle, ligaments, tendons, subcutaneous fascia, scar tissue, and/or in the vicinity of peripheral nerves and neurovascular bundles to manage a variety of neuromuscular pain syndromes.

**Benefits:** Myofascial restrictions are related to the production and maintenance of the pain cycle and leads to dysfunction. Dry Needling affects pain in an array of ways including increasing input to the central biasing mechanism leading to closing of the gates to pain inputs, local twitch responses, improving microcirculation and blood flow, increased collagen proliferation, and stimulating endocrinological changes. Endocrinological changes include increased beta endorphin and decreased cortisol. It also has central effects including activation of the cortex, hypothalamus, and descending pain inhibitory systems, and inactivation of the limbic system.

**Indications:** Chronic pain conditions, neck, back, and shoulder pain, arm pain (tennis elbow, carpal tunnel, golfer's elbow), headache to include migraines and tension-type headaches, jaw pain, buttock pain and leg pain (sciatica, hamstrings strains, calf tightness/spasms). The treatment of muscles has the greatest effect on reducing pain mechanisms in the nervous system.

**Risks and Possible Side Effects:** As with any invasive procedure, there are potential rare but serious complications including but not limited to:

- \*Pneumothorax
- \*Injury to nerves
- \*Needling pain
- \*Infection
- \*Pain/soreness following the procedure
- \*Autonomic responses: Faintness, drowsiness, clamminess, sweating, dizziness, lightheadedness, fatigue
- \*Injury to blood vessels
- \*Injury to internal organs
- \*Aggravation of symptoms
- \*Syncope
- \*Bruising and bleeding

### Precautions/Contraindications:

- \*Needle aversion or phobia
- \*Local skin lesions (cellulitis, psoriasis, etc.)
- \*Local lymphedema.
- \*Metal allergies such as nickel or chromium.
- \*Vascular disease, including varicose veins.
- \*Cosmetic implants such as breast, pectoral, deltoid, biceps, buttock and calf
- \*Abnormal bleeding tendency (thrombocytopenia, patients on anticoagulants)
- \*Inability to communicate directly or via an interpreter
- \*Surgical procedures where the joint capsule has been opened or implants have been inserted and are within 12 weeks following surgery
- \* Local or systemic infections
- \* Cognitive impairment
- \*Severe hyperalgesia or allodynia
- \* Pregnancy in first trimester
- \*Immunocompromised individuals

### Alternative treatments:

- Continuing current treatment plan
- Use of medications to treat pain
- Other conservative PT interventions

\_\_\_\_\_ I understand the benefits, risks, possible side effects, and alternatives of the procedure as outlined above. I have been given the opportunity to ask questions about the procedure and have received answers that I can understand and feel informed.

\_\_\_\_\_ I understand that dry needling may not be deemed medically necessary and is not covered by all insurances, thus, this service is offered as a cash pay service.

I have read and understand all information presented to me before signing this consent form:

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Please answer the following questions to the best of your knowledge

	Health History Information	Yes	No	Explain
1	Have you ever fainted or experienced a seizure?			
2	Do you have a pacemaker or any other electrical implants?			
3	Are you currently taking any anticoagulants (blood thinners- Warfarin, Coumadin, Lovenox, Xarelto) or have abnormal bleeding tendencies?			
4	Are you currently taking antibiotics for an infection?			
5	Do you have a damaged heart valve, metal prosthesis, or other risk of infection?			
6	Are you pregnant?			
7	Do you suffer from metal allergies?			
8	Are you diabetic or do you suffer from impaired wound healing?			
9	Do you have a compromised immune system?			
10	Do you have hepatitis B, C, HIV, or any other infectious disease?			
11	Do you have an active tumor?			
12	Do you have a history of lymph node removal?			
13	Do you have Arnold Chiari Malformation?			
14	Have you had any recent surgeries in the last 6 months?			
15	Have you been diagnosed with vascular disease such as varicose veins?			
16	Do you have breast, pectoral, deltoid, buttock, calf, or any other type of implants?			

\_\_\_\_\_  
Patient or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Therapist

\_\_\_\_\_  
Date