

Patient was given copy of consent





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OrthoBethesda Therapy Services Dry Needling Consent and Request for Procedure

Dry Needling (DN) involves inserting a small monofilament needle into a muscle or muscles in order to release taut bands and decrease trigger point activity. This can help resolve pain and muscle tension, and will promote healing. This is not traditional Chinese Acupuncture. DN is a medical treatment that relies on a medical diagnosis in order to be effective.

DN is often a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. Although complications are rare in occurrence, they do exist and must be considered prior to giving consent for treatment.

<u>Risks:</u> The most serious risk associated with DN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel, which may cause bruising, infection, and/or nerve injury. Bruising from the treatment is possible. It is not a cause for concern.

<u>Patient's Consent:</u> I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required/needed. This consent will cover this treatment as well as consecutive treatments by this facility. Consent can be revoked at any time. I have read and fully understand this consent form and understand that I should not sign this form until all items, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result.

Procedure: I,	, authorize _				to perform Dry	
Needling for my diag	gnosis o	f				
Please answer the fo	ollowin	g questio	ons:			
Are you pregnant?	Yes	No	Are you immunocompron	nised? Yes No	Are you taking blood thinners?	? Yes No
	DO N	IOT SIGN	UNLESS YOU HAVE READ A	AND THOROUGHLY	UNDERSTAND THIS FORM.	
Y	ou have	e the righ	nt to withdraw consent for	this procedure at a	ny time before it is performed.	
Patient or Authorized Representative				Date	Time	
Relationship to patient (if other than patient)				(Patient name printed)		
-			ve explained the procedure ading thereof, and has consi		nd its attendant risks and consequenc nance.	es to the
Physical Therapist				Date	Time	
Patient was off	fered co	ppy of co	nsent and refused			