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Functional Dry Needling®

*Consent & Request for Procedure*

Functional Dry Needling**®** (FDN) involves inserting a tiny monofilament needle in a muscle or muscles in order to release shortened bands of muscles and decrease trigger point activity. This can help resolve pain and muscle tension and will promote healing. This is not traditional Chinese Acupuncture but is instead a medical treatment that relies on a medical diagnosis to be effective. Your physical therapist trained by KinetaCore® has met requirements for Level 1 *(27 hours of training)* competency in Functional Dry Needling.**®** All training was in accordance with requirements dictated by this facility and by the State of Rhode Island.FDN is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

**Risks:** Minor bleeding or bruising is a common occurrence and should not be a concern. Temporary pain during dry needling occurs in 60-70% of patients. The most serious risk with FDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest x-ray and no further treatment. Associated 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 infection, and/or nerve injury. (Additional information detailing the potential risks associated with dry needling can be provided upon request). ***Only single use disposable needles are utilized in all PappasOPT facilities.***

***Please answer the following questions:***

1. **Have you ever fainted or experienced a seizure? Y N**
2. **Do you have a pacemaker or any other electrical implants? Y N**
3. **Are you currently taking anticoagulants? (IE: aspirin, blood thinners) Y N**
4. **Are you currently taking antibiotics for an infection? Y N**
5. **Do you have a damaged heart valve, metal, or other risk of infection? Y N**
6. **Are you pregnant? Y N**
7. **Do you suffer from metal allergies? Y N**
8. **Are you a diabetic or do you suffer from impaired wound healing? Y N**
9. **Do you have Hepatitis B, C, HIV, or any other infectious disease? Y N**
10. **Have you eaten in the last 2 hours? Y N**

**Patient’s Consent:** 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; thus, this consent will cover this treatment as well as consecutive treatments by this facility. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, 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.

***DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.***

**You have the right to withdraw consent for this procedure at any time before it is performed*.***

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Patient or Authorized Representative Date Time

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Relationship to patient (if other than patient) (Patient name printed)

**Physical Therapist Affirmation:** I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof and has consented to its performance.

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Physical Therapist Date Time