



**Consent Form for Trigger Point Dry Needling**

**Procedure Description:**

Trigger point dry needling (TDN) is a therapeutic technique used to treat muscle pain and dysfunction. It involves inserting very thin, sterile needles into specific points within the muscle, known as trigger points. The goal is to reduce pain, improve function, and restore normal muscle activity.

**Procedure Risks and Benefits:**

**Benefits:**

- Reduction in muscle pain and discomfort.
- Improvement in range of motion.
- Enhanced muscle function and overall physical performance.

**Risks:**

- Temporary discomfort or soreness at the needle insertion site.
- Minor bruising or bleeding.
- Dizziness or fainting in rare cases.
- The possibility of local irritation, allergic reaction, or very rarely infection at the needle insertion site.
- When TDN is performed in the thoracic region, there is a risk of accidental puncture of the lung (Pneumothorax).

**Procedure:**

1. The procedure will be explained to you in detail.
2. A thorough assessment will be conducted to determine the appropriateness of dry needling for your condition.
3. Needles will be inserted into specific trigger points in your muscles.
4. The treatment area will be monitored for any adverse reactions.

**Consent:**

I, the undersigned, have been informed about the procedure of trigger point dry needling, including its benefits, risks, and alternatives. I have had the opportunity to ask questions and discuss my concerns with my physical therapist. I understand that although trigger point dry needling is a common and generally safe procedure, no treatment is without risk.

By signing below, I consent to undergo trigger point dry needling as part of my physical therapy treatment plan. I acknowledge that I can withdraw my consent at any time before or during the procedure without affecting my right to future care or treatment.

Are you pregnant: YES NO

Are you taking any blood thinners: YES NO

Are you immunocompromised: YES NO

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Physical Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_