

TRIGGER POINT DRY NEEDLING (TDN) CONSENT FORM



TDN involves placing a small needle into the muscle at the trigger point. This is typically in an area where the muscle is tight and may be tender with the intent of causing the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms. This is not traditional Chinese Acupuncture, but is instead a medical treatment that relies on a medical diagnosis to be effective.

TDN is a valuable and effective treatment for musculoskeletal related pain such as soft tissue and joint pain, as well as to increase muscle performance. Like any treatment there are possible complications. While these complications are rare in occurrence, it is recommended you read through the possible risks prior to giving consent to treatment.

Risks of the procedure: Though unlikely there are risks associated with this treatment. The most serious risk with TDN 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 causing a bruise, infection, and/or nerve injury. Bruising is a common occurrence and should not be a concern. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from TDN is unlikely.

Please consult with your practitioner if you have any questions regarding the treatment above.

Please answer the following questions:

Are you pregnant? Yes No

Are you immunocompromised? Yes No

Are you taking blood thinners? Yes No

Do you have any known disease or infection that can be transmitted through bodily Fluids? Yes No

Please print your name.

Signature

Date

I reviewed the above consent form and refuse this procedure.

I reviewed the above consent form, and by signing acknowledge the above information and agree to consent to treatment as laid out by the provider.