



**Trigger Point Dry Needling (TPDN) Consent Form**



Trigger Point Dry Needling involves placing a small needle into the muscle at the trigger point in order to cause the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms.

TPDN is a valuable treatment for musculoskeletal pain. Like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving consent to treatment.

**Risks of the procedure:**

Though unlikely, there are risks associated with this treatment. The most serious risk associated with TPDN over the ribcage is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only 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 lung puncture can require hospitalization and re-inflation of the lung. This is a rare complication and in skilled hands should not be a concern.

Other risks may include bruising, infection and nerve injury. Please notify your provider if you have any conditions that can be transferred by blood. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. Because the needles are very small and do not have a cutting edge, significant tissue trauma from TPDN is extremely unlikely.

Please consult with your practitioner prior to treatment if you have any questions regarding TPDN.

**Patient’s Consent:**

I understand that no guarantee or assurance has been made as to the results of this procedure and that it may or 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 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.

**Important Questions:**

Do you have any known disease or infection that can be transmitted through bodily fluids?

**Yes / No**

Are you on any medications for clotting disorders such as Eliquis or Xarelto?

**Yes/No**

Are you pregnant?

**Yes/No**

**I understand and acknowledge the information above has been provided to me by my therapist.**

\_\_\_\_\_  
Patient Name (please print)

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

\_\_\_\_\_  
Date

**\*\*For the treating therapist:**

I have reviewed the above information with my patient.

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date