

CONSENT TO PROCEDURE, DRY NEEDLING

I hereby authorize Todd Watson to perform upon _____
(patient) the following procedure :Dry Needling

My physical therapist has explained the nature, advisability and purpose of the procedure, together with the benefits hoped to result; the risks and the possibility of complications; and alternatives to the operation, treatment or other procedure, if any, and the risks of such alternatives. I understand the explanations that have been given and I understand that no guarantee is offered as to the results of the procedure.

Common Risks/Benefits:

Dry Needling: The most serious risk with Dry Needling 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. The benefits of Dry Needling include reduction of painful symptoms, improved range of motion, and improved ability to perform functional tasks
Alternatives: You can elect not to pursue treatment and see if the condition resolves on its own, as well as other treatment alternatives such as soft tissue mobilization alone, joint manipulation, and/or exercise.

Patient Specific Risks/Benefits: _____

1. I understand that some important procedural tasks may be performed by other physical therapists or students under the supervision of my physical therapist. These tasks are expected to be: _____
2. I authorize the physical therapist to mark the correct site with a temporary skin marker prior to the procedure.
3. I understand that during the course of the procedure unforeseen conditions may be found that make an extension of the original procedure advisable.
4. I give my permission for observers to be present during my procedure for purposes of their medical training or for technical support.
5. I consent to the taking and reproduction of any photographs or video during this procedure for medical purposes.
6. I hereby certify that I have read and fully understand the above consent for functional dry needling. I understand that I should not sign this form if all items have not been explained or answered to my satisfaction. I have been advised that if I desire further or more detailed explanation concerning my diagnosis, recommended and alternative procedures, or possible risks and consequences, it will be given to me by my physical therapist. However, I am satisfied with the explanation given to me.

