

## Consent for Dry Needling Treatment

### **2. What is Dry Needling?**

Dry needling is a therapeutic technique commonly used in physical therapy to address pain and movement limitations caused by musculoskeletal issues. It involves the insertion of thin, surgical-grade needle into targeted areas such as trigger points in muscles, connective tissue, or near nerves. Unlike acupuncture—which is based on Traditional Chinese Medicine and aims to influence the body's energy flow—dry needling is grounded in modern Western medicine and relies on anatomical and scientific principles. It is not used to treat internal diseases but serves as an effective, evidence-based treatment for pain relief and functional recovery in conditions involving the muscles and joints.

### **3. Purpose and Clinical Use**

Dry needling may be used to:

- Reduce muscular pain and tension
- Improve mobility and function
- Stimulate healing and blood flow to targeted tissues
- Normalize muscular imbalances

### **4. Potential Risks and Side Effects**

I understand that possible side effects include, but are not limited to:

- Temporary soreness after and temporary pain during (60-70%)
  - Increased symptoms for a short period after can be common (<3%) but not a bad sign.
- Minor bleeding or bruising (15-20%)
- Fatigue, dizziness, or fainting (.03-3%)
- Nerve irritation
- Pneumothorax (punctured lung) - <1 per 10,000 cases or <.01%
  - Symptoms include shortness of breath, increased breathing rate, dry cough. Should you experience this contact your physical therapist immediately or physician

\*\*All needles are **single-use, sterile, and disposable**, and procedures follow CDC and OSHA safety protocols.

### **5. Contraindications and Precautions**

I have informed my physical therapist of any relevant medical history, including:

Blood thinners or bleeding disorders	Local infection
Lymphedema	Pregnancy
Skin conditions or infections	Pacemakers or implants

### **7. Payment and insurance verification**

At this time, dry needling is not covered by insurance and is considered an out-of-pocket, self-pay service. Your therapist has reviewed the cost of this treatment with you in advance. Insurance will not be billed for this service, and it is your responsibility to seek any potential reimbursement directly from your insurance provider. PT Kinetics will not be held responsible for any costs not covered by insurance.

### **8. Florida State Disclosure (Required by Law)**

In accordance with **Florida Statute § 486.117, and Rule 64B17-6.008, F.A.C.**

I have been informed that:

- Dry needling is a physical therapy technique authorized by the Florida Board of Physical Therapy.
- The treating physical therapist has completed the **minimum training hours and experience** required to safely perform dry needling in Florida.
- I may ask to see verification of their qualifications or training at any time.

### **9. Is there anything your practitioner needs to know**

- |  |        |
|--|--------|
| 1. Have you ever fainted or experienced a seizure?           | YES/NO |
| 2. Do you have a pacemaker or any other electrical implants? | YES/NO |
| 3. Are you taking a blood thinner?                           | YES/NO |
| 4. Do you have any active infections?                        | YES/NO |
| 5. Are you pregnant or actively trying?                      | YES/NO |
| 6. Do you suffer from metal allergies?                       | YES/NO |
| 7. Do you have hepatitis B, C or HIVAIDs                     | YES/NO |

### **10. Patient Acknowledgment and Signature**

By signing below, I confirm that:

- I have read and understood this consent form.
- I have had the opportunity to ask questions, and all my questions were answered.
- I give my **informed consent** to receive dry needling treatment from a licensed physical therapist.
- Dry needling is **voluntary**, and I may decline or stop treatment at any time.
- My therapist has discussed the **risks, benefits, and alternatives** with me.

**Patient (or Legal Guardian) Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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