Functional Dry Needling® Consent

Elevate Physical Therapy and Performance

Functional Dry Needling® (FDN) involves inserting a tiny monofilament needle in a muscle or muscles in order to release shortened bands of muscles and decrease trigger point activity. This can help resolve pain and muscle tension, and will promote healing. This is not traditional Chinese Acupuncture, but is instead a medical treatment that relies on a medical diagnosis to be effective. Your physical therapist has been trained by KineticCore® and has met competency requirements as a Level 1 practitioner. All training was in accordance with requirements dictated by the state of this practitioner's license.
FDN is a valuable and effective treatment for musculoskeletal pain. Like any treatment there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

Risks: The most serious risk with FDN 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.

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success of this procedure, as well as the possibility of side effects. Multiple treatment sessions may be required/needed, thus this consent will cover this treatment as well as consecutive treatments by this therapist. 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 FDN procedure. I also consent to any measures necessary to correct complications which may result.**

Procedure: I, _____, authorize Robin Tracy, to perform Functional Dry Needling® for my diagnosis of _____.

Please answer the following questions:

Are you immunocompromised? yes no Are you taking blood thinners? yes no

Are you pregnant? yes no Did you have surgery in the last 6 months? yes no

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

You have the right to withdraw consent for this procedure at any time before it is performed.

_____ _____ _____
Patient or Authorized Agent Date Time

_____ _____
Relationship to patient (if other than patient) Patient Name Printed

Physical Therapist Affirmation: I have explained the procedure indicated above and its attendant risks and consequences to the patient woh has indicated understanding thereof, and has consented to its performance.

_____ _____ _____
Physical Therapist Date Time

___ Patient was offered copy of the consent and refused ___ Patient was given copy of the consent