

Informed Consent Form Dry Needling

I understand that:

- Dry Needling is not acupuncture; however, it is also a technique that utilises thin, solid filament needles. This needling technique is used specifically to treat myofascial trigger points, muscles spasms, or dysfunctional tissue
- Like any medical procedure, there are possible complications. While these complications are uncommon, they do sometimes occur and must be considered prior to giving consent to the procedure.
 - Pain. When a needle is inserted in the correct location, it may briefly reproduce a muscular ache or a twitching response which indicates the technique should be effective in reducing the symptom. You may experience a muscular ache for one or two days followed by an expected improvement in your overall symptoms. It is extremely important that your massage therapist is made aware if you are feeling uncomfortable with the treatment.
 - Infection. Any form of skin penetration creates an opportunity for bacteria to enter the system. In order to minimize the risk, your massage therapist will follow the proper disinfection procedures and will use only the sterile disposable single-use needles.
 - o **Bruising or Bleeding**. On occasion you may experience a small painless bruise or blood spotting in the treated region. Bruising and the blood spotting of this nature would clear very quickly.
 - Drowsiness, fatigue, and autonomic responses. On occasion you may experience a feeling of tiredness, nausea, dizziness, sweating; if this occurs, you will be asked to avoid driving until the feeling has passes;
 Change in blood pressure, heart rate, flushing of the face or breathing rate are involuntary reflexes which may change temporarily because of dry needling; these occur rarely and should give no cause for concern.
 - Pneumothorax. There have been approximately 100 reported cases worldwide of acupuncture needles
 puncturing a lung. This only occurs when needles are inserted too deeply or incorrectly. Pneumothorax is
 a serious medical condition requiring admission to hospital. Your massage therapist has been trained to
 avoid the lungs and limit needle depth to avoid this occurring.

Indicate below if you have any of the following conditions:

Yes	No		Yes	No]
		Current / Recent Infection			Fear of Needles
		Using Blood Thinning Medication			Pacemaker
		Using Immunosuppressant Medications			Cancer
		Diabetes			Currently Pregnant
		HIV			Hepatitis

- I have read this form and I understand the risks involved with dry needling therapy.
- I have had the opportunity to ask questions and express any concerns, of which have been answered to my satisfaction.
- I also agree to advise Cairns Performance Massage of all changes in my physical condition whether or not I believe these changes will affect my treatment or plan of care.
- I consent to dry needling treatment provided by Cairns Performance Massage.

Client Signature (Parent, Legal Guardian*):	Date:

^{*} If applicant is under the age of 18