

Dry Needling Consent to Treat Form

Dry Needling (DN) involves inserting a tiny monofilament needle into symptomatic tissue with the intent to reduce pain, increase circulation and improve function of the neuromusculoskeletal system. **DN is not traditional Chinese Acupuncture but instead is based on neurology, physiology, and western medical principles.** DN is a valuable treatment for musculoskeletal pain; however, like any treatment, there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving your consent for dry needling treatment.

Risks of the procedure: The most serious risk associated with DN 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. This is a rare complication, and in skilled hands should not be a concern.

Other risks may include bruising, infection, and/or nerve injury. It should be noted that bruising is a common occurrence and should not be a concern. The monofilament needles are very small and do not have a cutting edge; the likelihood of any significant tissue trauma from DN is unlikely. There are other conditions that require consideration, so please answer the following questions:

- Are you taking blood thinners? Yes / No
- Are you, or is there a chance you could be pregnant? Yes / No
- Are you aware of any problems or have any concerns with your immune system? Yes / No
- Do you have any known disease or infection that can be transmitted through bodily fluids? Yes / No

Patient's Consent: I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus this consent will cover this treatment as well as subsequent treatments by this facility for the duration of the course of care pertaining to my current diagnosis.

I understand that my physical therapist has completed 80 hours of training, including at least 40 hours of academic and 40 hours of practical hands-on instruction, under the direct supervision of a licensed physical therapist or physician, in the application and technique of dry needling. If a physician referred me to physical therapy, they have been contacted and are agreeable to DN treatment. I am aware that there are treatment alternatives to DN. All of my questions related to the procedure and possible risks were answered to my satisfaction.

My signature below represents my consent to the performance of dry needling and my consent to any measures necessary to correct complications which may result. I am aware I can withdraw my consent at any time.

I, _____ authorize the performance of Dry Needling.
(Print name)

(Signature) Patient or Authorized Representative

Relationship to patient (if other than the patient)

Date Signed: _____ Patient DOB: _____

Physical Therapist Dry Needling Credentials

Bill S867 states that to perform dry needling in New Jersey, a physical therapist must:

- Successfully complete a dry needling continuing education and competency program approved by the New Jersey State Board of Physical Therapy Examiners.
- Have two or more years of clinical experience treating patients as a licensed physical therapist in this State.
- Hold either a doctorate in physical therapy or a current and unrestricted license to practice physical therapy in this State that was issued prior to 2003.
- Have a current CPR certification issued by the American Red Cross, American Heart Association, National Safety Council, or any other agency or organization approved by the board.

Once all the requirements have been met, complete the cover sheet and scan the following items, then email the Director at marla.johnson@rwjbh.org. You must obtain Director's written approval before beginning to practice.

- Course checklist
- Course certificates
- NJ PT license
- Valid CPR card

Name: _____ License #: _____

PT Degree Level (BS, MS, DPT): _____ If not DPT, year original PT license issued: _____

Total number of years licensed in NJ: _____

Dry Needling Courses

Total Academic Hours (min. 40): _____ Total Hands-On Hours (min. 40): _____

Signature

Date

Director (signature)

Date