

1025 W.H. Smith Blvd., Suite 108  
Greenville, NC 27834  
Phone (252) 215-2215  
Fax (252) 215-2216

## Dry Needling Informed Consent & Waiver

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

### What is Dry Needling?

Dry needling is a technique used by licensed physical therapists to treat myofascial pain and dysfunction. It involves inserting a thin, sterile monofilament needle into muscle tissue or trigger points to relieve pain, improve range of motion, and promote healing.

Dry needling is **not acupuncture**; while both use similar needles, dry needling is based on western anatomical and neurophysiological principles and is performed by physical therapists trained in the technique.

### Potential Benefits:

Pain management and relief

- Decreases pain and muscle tension
- Releases trigger points
- Promotes natural pain relief

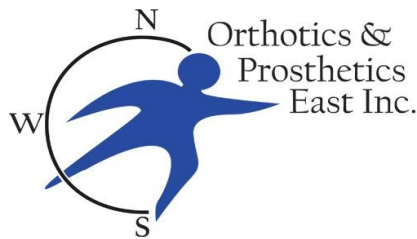
Improved range of motion and mobility

- Enhances range of motion
- Restores muscle function
- Breaks the pain-spasm cycle

Enhance performance

Accelerated recovery and healing

- Increase blood flow
- Speeds rehabilitation
- Reduces inflammation



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### **Possible Risks and Side Effects:**

As with any medical treatment, there are potential side effects and risks, which may include:

- Soreness at the needle insertion site
- Minor bleeding or bruising
- Temporary increase in symptoms
- Fatigue or dizziness
- Risk of infection (minimized with sterile technique)
- In rare cases: nerve injury, pneumothorax (lung puncture), or other complications

**If you experience symptoms such as shortness of breath, chest pain, or signs of infection, contact your healthcare provider immediately or go to the nearest emergency room.**

### **Contraindications (Dry Needling May Not Be Appropriate If You Have):**

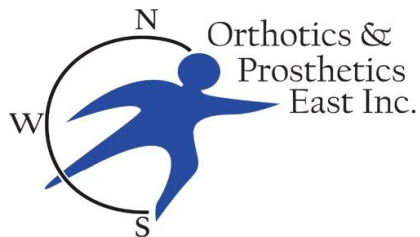
- Bleeding disorders or are on blood thinners
- A compromised immune system
- A fear of needles or history of fainting
- Pregnancy (depending on the area of treatment)
- Local or systemic infection

Please inform your therapist of any relevant medical conditions before proceeding.

### **Consent & Waiver**

I, the undersigned, hereby acknowledge and agree with the following:

1. I have been informed about the nature of dry needling, the risks involved, and alternative treatment options.
2. I understand that results are not guaranteed and that multiple sessions may be necessary for desired outcomes.
3. I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.
4. I understand that I may stop the procedure at any time.



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5. I release and hold harmless **Orthotics & Prosthetics East, Inc.**, its therapists, employees, and affiliates from all claims, liability, or damages arising from or connected to my participation in dry needling.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_