

ASC 2025 Dry Needling Consent and Information Form

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Introduction

This form provides information about dry needling, its benefits, risks, and effectiveness for musculoskeletal disorders (MSD). Please read this carefully, ask any questions, and sign to indicate your informed consent for treatment.

What is Dry Needling?

Dry needling is a therapeutic technique in which thin, solid filament, sterile needles are inserted into specific areas of muscle tissue, known as trigger points, to relieve pain and improve function. It is performed by trained and certified practitioners and is not acupuncture, as it targets musculoskeletal issues rather than traditional Chinese medicine meridians.

Benefits of Dry Needling

Dry needling may provide the following benefits for patients with musculoskeletal disorders (MSD), such as back pain, neck pain, shoulder pain, tendonitis, or muscle tightness:

- **Pain Relief:** Reduces muscle tension and alleviates pain by targeting trigger points.
- **Improved Mobility:** Relaxes tight muscles, enhancing range of motion and flexibility.
- **Faster Recovery:** Promotes blood flow and tissue healing, aiding recovery from injuries.
- **Complementary Care:** Enhances the effectiveness of chiropractic adjustments and other therapies.
- **Targeted Treatment:** Addresses specific areas of discomfort, offering personalized relief.

Effectiveness for Musculoskeletal Disorders (MSD)

Research and clinical evidence suggest dry needling is effective for managing MSD. Studies show it can reduce pain and improve function in conditions like chronic low back pain, myofascial pain syndrome, and tension headaches. For example, a 2018 systematic review found dry needling significantly reduced pain in patients with myofascial trigger points compared to placebo. While results vary by individual, many patients experience noticeable improvements within a few sessions when combined with other treatments like chiropractic care or exercise.

Risks and Side Effects

Dry needling is generally safe when performed by trained professionals, but, as with any medical procedure, there are potential risks and side effects, including:

- **Common:** Mild soreness, bruising, or temporary discomfort at the needle insertion site (typically resolves within 1-2 days).
- **Rare:**
 - Infection (minimized by using sterile, single-use needles).
 - Bleeding (minor and typically self-resolving).
 - Pneumothorax (lung puncture, extremely rare with proper technique).
 - Nerve irritation or injury (rare and usually temporary).

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- **Other Considerations:** Fatigue or lightheadedness may occur post-treatment. Pregnant patients, those with bleeding disorders, or individuals with needle phobias should discuss their condition with the practitioner before treatment.

Your practitioner will take a thorough health history and discuss any contraindications to ensure dry needling is appropriate for you.

What to Expect During Treatment

- **Procedure:** Your practitioner will insert thin, sterile needles into targeted muscle areas. You may feel a twitch or mild cramp as the muscle responds. Sessions typically last 10-20 minutes.
- **Sensation:** Some discomfort or pressure is normal during needle insertion.
- **Aftercare:** You may experience mild soreness for 1-2 days. Your practitioner may recommend hydration, gentle stretching, or heat application to ease discomfort.
- **Treatment Plan:** The number of sessions varies based on your condition. Your practitioner will discuss a personalized plan, often combining dry needling with other therapies.

Patient Responsibilities

To ensure safe and effective treatment, please:

- Provide accurate medical history, including medications, allergies, or conditions (e.g., pregnancy, bleeding disorders).
- Inform your practitioner of any discomfort during or after treatment.
- Follow post-treatment care instructions provided by your practitioner.

Alternatives to Dry Needling

If you choose not to proceed with dry needling, alternative treatments for MSD may include chiropractic adjustments, massage therapy, physical therapy, stretching exercises, or medication. Your practitioner can discuss these options with you.

Questions

We encourage you to ask questions about dry needling or any aspect of your care. Please contact us at [phone number] or speak with your practitioner before signing this form.

Please Sign The Release Form After Reading and Understanding The Information Provided

Recommended Number of Sessions:

Most patients need 2–6 sessions (1–2 per week)

Chronic conditions requiring up to 12 or more.

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Informed Consent for Dry Needling

I, _____, have read and understand the information provided about dry needling, including its benefits, risks, and effectiveness for musculoskeletal disorders. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction.

I understand that:

- Dry needling involves the insertion of sterile needles into muscle tissue and carries potential risks, including soreness, bruising, and, in rare cases, infection, bleeding, or other complications.
- Results are not guaranteed, and the number of treatments needed may vary.
- I am responsible for providing accurate medical history and reporting any concerns during or after treatment.

YES NO Are you afraid of needles (trypanophobia) or this type of treatment?

YES NO Do you have a current or history of bleeding disorders?

Please Specify: _____

YES NO Do you have a history of a blood disorder that can be transmitted to another Person? Please Specify: _____

YES NO Do you have or had a cancer diagnosis?

Please Specify: _____

YES NO Do you regularly take blood thinning (anti-coagulation) medication?

Please Specify: _____

YES NO Do you regularly take pain relievers?

Please Specify: _____

YES NO Do you have any implants that are necessary to disclose for this treatment?

Please Specify: _____

YES NO Is there any medical condition such as: pregnancy, compromised immune system or just had surgery that you feel may cause or interfere with our treatments?

Please Specify: _____

I voluntarily consent to dry needling as part of my treatment plan at Active Spine Center, LLC 2215 Garden Street, Titusville, FL 32796 321-268-2210. I understand I may refuse or stop treatment at any time.

Patient Name (Printed): _____

Patient Signature: _____ Date: _____

PractitionerName: _____ Dr. Erin Przybyla, DC _____ Date: _____