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DRY NEEDLING THERAPY CONSENT FORM

Dear Sir/Madam,

Thank you for choosing NOVA REHABILITATION INC, PHYSICAL THERAPY & SPORTS. **Dry Needling Therapy** is a valuable treatment technique in managing chronic pain, acute pain, muscle stiffness and spasm, edema/swelling, and painful muscle trigger points. Like any treatment procedure, there is risk for complications, and while these are uncommon they can occur and **must** be appropriately outlined prior to consenting to its use.

Dry Needling uses a thin, flexible, sterile needle to promote muscle relaxation, while increasing the ability of tissue to heal, and often results in pain relief. Dry Needling technique uses the same type of needles used in Acupuncture. However, Dry Needling treatment perspective is based solely on modern physiology, neurology and biomechanics, rather than the ancient Traditional Chinese/Asian Theory of the energy, "Chi". Dry Needling is termed "dry" because at no time will a fluid or medication, be injected into your body. It therefore can be considered a natural therapy to help manage pain and injury.

Dry Needling may cause minor to moderate increases in muscle soreness and ache for up to two days. However, improvements in a patient's overall pain state can be expected to occur within the first 24 hours after treatment. If a needle touches a nerve, vein or artery and produces pain, bruising, numbness and/or tingling, it can be expected to resolve in a few days.

Needling around the trunk and neck requires special attention. To avoid piercing lung tissue, short needles and general caution are utilized to minimize risks. If at any time during treatment you feel uncomfortable, nervous, nauseas or experience pain, the needles will immediately be removed upon your request.

All needling procedures have a risk for infection. However, Dry Needling Therapy always utilizes new, sterile, disposable needles and thorough hand-washing procedures. If you currently have an; infection, cancer, hepatitis, HIV/AIDS, a pacemaker, are taking blood thinners and/or immunosuppressant medications (decreasing the strength of the immune system), then please inform your health care provider prior to beginning treatment.

I have read or have had this form read to me; 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 consent to Dry Needling Therapy treatment by my health care provider.

SIGNATURE:

PRINT NAME:

DATED: