

DRY NEEDLING INFORMATION

Your physiotherapist has offered to treat you using a technique called “Dry Needling”. This information leaflet explains more about this technique. Dry Needling is a very successful medical treatment, which uses very thin needles without any medication (a dry needle) to achieve its aim. Dry Needling is used to treat pain and dysfunction caused by muscle problems, headaches, and some nerve problems. It is not at all the same as acupuncture. Acupuncture is part of Traditional Chinese Medicine, whereas dry needling is a western medicine technique, which needs to have a medical diagnosis. There is a clear scientific understanding of dry needling, which does not depend on any religious underpinnings. Dry Needling works by changing the way your body senses pain (neurological effects), and by helping the body heal stubborn muscle spasm associated with trigger points (myofascial effects). There are additional electrical and chemical changes associated with dry needling therapy, which assist, in the healing process. It is important to see the needles as just one part of your overall rehabilitative treatment. Dry needling is not a miracle cure – it is a normal part of physiotherapy. It is vital that you do the exercises and follow the advice your therapist gives you in conjunction with the needling for optimal recovery. Your therapist has been specifically trained in the various needling techniques. The therapist will choose a length and thickness of needle appropriate for your condition and your body size, and then insert it through the skin at the appropriate place. You will feel a small pinprick. Depending on the type of needle technique chosen by your therapist, you may also feel a muscle ache and a muscle twitch. These are all normal and good sensations, and mean that you will experience good relief from your symptoms. In general, there is very little risk associated with this technique if performed properly by a trained physiotherapist. You may have a little bruising around the needle site, much the same as you would with any injection. On rare occasions, people may feel very happy, tearful, sweaty or cold. These symptoms all fade quickly. Fainting may occur in a very small minority of people. There are no lasting ill effects of these side effects. If you are being treated in the shoulder, neck or chest area, there is an additional risk that involves your lung. If the lung itself is punctured, you may develop a condition called a pneumothorax (air in the space around the lung). This is a rare but serious problem, and you should go directly to a hospital casualty department without panicking if it occurs. The symptoms of this event include shortness of breath which gets worse, sudden sharp pain each time you breathe in, a bluish tinge to your lips, and an inability to “catch your breath”. The treatment is very successful for this rare but possible complication. If you are happy to continue with the therapy as suggested by your therapist, and have asked any questions that you may want to, then please sign the consent form attached to this page, and hand it to your physiotherapist. Please keep this information page for your own records.

DRY NEEDLING CONSENT

1. I _____ (full name),
in my capacity as: The patient (if aged 12 or over), Or The parent or legal
guardian of the patient: _____
(patient's full name) who is my: spouse ____ child ____ grandchild ____
parent ____ sibling ____ foster child ____ ward ____ do hereby give my
consent for the performance of dry needling therapy by the physiotherapist
named _____ at the
physiotherapy practice/department of: _____
2. This consent is limited to the duration of the current treatment. I understand
that I can withdraw my consent at any time. I understand that if I do withdraw
my consent, I must confirm that I have done so in writing.
3. I understand the therapist is appropriately qualified & trained to perform the
required therapy.
4. The areas of the body that I consent to have dry needled are: _____

5. I am satisfied that the technique has been fully explained to me, and that my
concerns have been addressed and that my questions have been answered
to my satisfaction. I have read the attached information sheet called "Dry
Needling information", and am in a satisfactory position to weigh up the risks
and limitations of the technique as regards known side effects.
6. I understand that the technique is performed within a rehabilitative
framework and that I must follow instructions as given by the physiotherapist.
7. I hereby indemnify the therapist and the practice against any and all liability
arising from the treatment described above including unforeseen or unknown
consequences.

DATE	TIME	PLACE
Patient Guardian/ Mandated person		
NAME	SIGNATURE	
Witness #1		
NAME	SIGNATURE	
Witness #2		
NAME	SIGNATURE	

WITHDRAWAL OF CONSENT FOR DRY NEEDLING TREATMENT

I _____ (full name), in my capacity as: The patient (if aged 12 or over), Or The parent or legal guardian of the patient: _____ (patient's full name) who is my: spouse ____ child ____ grandchild ____ parent ____ sibling ____ foster child ____ ward ____ do hereby exercise my right to withdraw consent to treatment as originally given to the physiotherapist named _____ at the physiotherapy practice/department of: _____

DATE	TIME	PLACE
Patient Guardian/ Mandated person		
NAME	SIGNATURE	
Witness #1		
NAME	SIGNATURE	
Witness #2		
NAME	SIGNATURE	