

# ProActive Physical Therapy, LLC

*"Be ProActive, Not ReActive"*

## Functional Dry Needling Consent

Functional Dry Needling (FDN) involves inserting a small needle into a muscle or muscles in order to release shortened bands of muscles and decrease trigger point activity. This can help resolve pain and muscle tension, and will promote healing. This is not traditional Chinese Acupuncture, but is instead a medical treatment that relies on a medical diagnosis to be effective. Our physical therapists are certified FDN Practitioners, and will not stimulate any distal or auricular points during dry needling. All training was in accordance with requirements dictated by the State of Colorado.

FDN is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

**Risks:** The most serious risk with FDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest x-ray and no further treatment. The symptoms are shortness of breath and may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection and/or nerve injury. Bruising is a common occurrence and should not be a concern.

**Costs:** FDN is not currently a billable procedure under most insurance programs and is offered as a cash-pay treatment. The procedure is **\$10.00 per visit** and will be collected upon check-in/out.

**Patient's Consent:** I understand no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the procedure cost, the probability of success as well as the probability of serious side effects. Multiple treatment sessions may be required/needed, thus this consent will cover this treatment as well as subsequent treatments by this Practice. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure and agree to pay the fee associated with this procedure prior to treatment. I also consent to any measures necessary to correct complications which may result.

**Procedure:** I, \_\_\_\_\_, authorize ProActive Physical Therapy, LLC to perform Functional Dry Needling for \_\_\_\_\_.

**Please answer the following questions:**

Are you pregnant?	Yes	No
Are you immunocompromised?	Yes	No
Are you taking blood thinners?	Yes	No

**DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.  
You have the right to withdraw consent for this procedure at any time before it is performed.**

\_\_\_\_\_  
Patient or Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient (if other than patient)

\_\_\_\_\_  
Patient name printed