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## Trigger Point Dry Needling Treatment Consent Form

Trigger point dry needling technique is a treatment used for the purpose of alleviating pain and improving posture and movement. Dry Point Needling (DPN) is not acupuncture or Oriental Medicine; that is, it does not have the purpose of altering the flow of energy (“Qi”) along traditional Chinese meridians for the treatment of diseases. Dry Needling is a modern, science-based intervention for the treatment of pain and dysfunction in many common musculoskeletal conditions.

DPN uses fine solid filament needles with or without the application of electrical stimulation. This office uses sterile single-use disposable needles and maintains a clean, safe environment to minimize risk of infection. Needles are inserted through the skin into the underlying tissues and muscles at specific points known as myofascial trigger points. When a twitch response is obtained, the trigger point is released. Manual therapy techniques are often incorporated into treatment.

I have been informed that trigger point dry needling is generally a safe method of treatment, but that it may have side effects, including bruising, post-treatment soreness or discomfort, and in rare cases dizziness or fainting. While the risk of trigger point dry needling is small, very rare instances have been reported of pneumo-thorax or a collapsed lung. I understand that while this document describes the major risks of treatment, other side effects may occur. Alternative methods of treatment and their benefits and risks have been explained to me.

Is there anything your practitioner needs to know?

1. Have you ever fainted or experienced a seizure? YES/NO
2. Do you have a pacemaker or any other electrical implant? YES/NO
3. Are you currently taking anticoagulants(blood-thinners e.g. warfarin, coumadin) YES/NO
4. Are you currently taking antibiotics for an infection? YES/NO
5. Do you have a damaged heart valve, metal prosthesis or other risk of infection? YES/NO
6. Are you pregnant or actively trying for a pregnancy? YES/NO
7. Do you suffer from metal allergies? YES/NO
8. Are you a diabetic or do you suffer from impaired wound healing? YES/NO
9. Do you have Hepatitis B, hepatitis C, HIV or other infectious diseases? YES/NO
10. Have you eaten in the last two hours? YES/NO

I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment from Hilary Rendon, PT or Russ Huddleston, PT at Starkville Physical Therapy.

By signing below, I give my consent to evaluation and treatment. I understand I can refuse treatment at any time. I have been told of the risks and benefits of trigger point dry needling and have had an opportunity to ask questions.

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Signature

Date

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Print Name