Central Physical Therapy, LLC
13111 Hooper Rd.
Central LA, 70818
Tel: (225) 261-7094
Fax: (225) 261-7095
www.centralptonline.com

FUNCTIONAL DRY NEEDLING® CONSENT AND REQUEST FOR PROCEDURE

Functional Dry Needling® (FDN) Dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, neural, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. This is NOT traditional Chinese Acupuncture, but is instead a medical treatment that relies on a medical diagnosis to be effective. All training was in accordance with requirements dictated by this facility and by the U.S. state of this practitioner's licensure.

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 of shortness of breath 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.

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it does not cure my condition. My therapist has also discussed with me the probability of success of this procedure, 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 consecutive treatments by this facility. 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. I also consent to any measures necessary to correct complications which may result.

Procedure: I, _____, authorize __**ERIK STRAHAN, PT, DPT, ATC**_ to perform Functional Dry Needling for my diagnosis of _____.

Please answer the following questions:

Are you pregnant? Yes No **Are you immunocompromised?** Yes No

Are you taking blood thinners? Yes No **Do you have any blood borne illnesses?** Yes No

DO NOT SIGN UNLESS YOU HAVE READ & 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 Date

_____ _____

Relationship to patient (if other than patient) (Patient name printed)

Physical Therapist Affirmation: I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof, and has consented to its performance.

_____ _____

Physical Therapist Date

☐ Patient was offered copy of consent and refused ☐ Patient was given copy of consent

Erik Strahan PT, DPT, ATC, LAT

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