

Dry Needling Consent Form

I (Parent's Name)/(Student Name if over 18yrs old) _____ authorize the procedure of Dry Needling at Combine Academy. This procedure will be administered by the Direct of Sports Medicine.

Dry needling involves inserting a tiny monofilament needle in a muscle(s) 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. Dry needling 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 dry needling is accidental puncture of a lung (pneumothorax). 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.

Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My Athletic Trainer 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, 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.

ATHLETE'S SIGNATURE: _____

DATE:

PARENT'S SIGNATURE: _____

DATE:

ATHLETIC TRAINER SIGNATURE: _____

DATE: