



STRUCTURE & FUNCTION[®]
EDUCATION

DRY NEEDLING CONSENT FORM

- Both packets have the same information, your choice of Black & White or Color for reuse.
- Feel free to put your company/clinic logo above the title of the handout before using.
- Use this as a supplement resource to help your patients understand the possible risks/side effects of dry needling treatment to encourage informed consent before treatment.

For more information, please visit our website: www.structureandfunction.net
And read these articles on [Informed Consent](#), [Adverse Effects](#), and [Pneumothorax](#)

DRY NEEDLING CONSENT FORM

Dry needling administered by a western medical healthcare practitioner is not the same as acupuncture, however, it is a technique that utilizes similar thin, solid filament needles. The dry needling technique is used specifically to treat myofascial trigger points, muscle spasms, scars, or other areas with tight tissues. Like any medical procedure, there are possible complications. While these complications are uncommon, they do sometimes occur and must be considered prior to giving consent to the procedure. DN is not Traditional Chinese Acupuncture. DN is based on anatomy, neurology, and physiology. DN has some risks that can occur with the treatment. In the hands of a skilled professional, these risks are small, but you should still be aware of the potential adverse events. The most likely adverse events are listed below by their level of severity: ("Serious", "Significant", and "Mild"); and how often it may occur: ("Common" <10%, "Uncommon" <1%, and "Rare"< 0.1%)

1 Information from Witt et al. 2009

Adverse Event	Likelihood	Additional Information
Serious Risks (may require hospitalization)		
Pneumothorax (Collapsed Lung)	Rare	Symptoms may include shortness of breath or chest pain and require a visit to the hospital.
Fainting	Rare	Symptoms leading to fainting may include: sweating; lightheadedness; dizziness. Let your healthcare provider know if you have any of these symptoms while being treated. People usually recover quickly but a medical exam may be needed if problems occur.
Significant Risks (May continue for days/weeks and can require medical care)		
Hematoma/Swelling	Uncommon	Bump under the skin. This usually results in a bruise.
Nerve Injury	Uncommon	May cause temporary numbness, tingling, weakness, or sensation changes. Needles are small, flexible, and do not have a cutting edge.
Skin Irritation	Rare	Local redness, small bumps, and itching that may last a few hours.
Mild Risks (May cause temporary symptoms and little inconvenience)		
Bleeding	Common	Droplet is cleaned by healthcare provider but it may result in a bruise.
Bruising	Common	May last a few days.
Sweating	Common	Usually occurs during or after treatment and may last minutes to a few hours.
Dizziness	Common	
Fatigue	Common	
Temporary aggravation of symptoms	Common	
Pain During/After	Common	
Soreness	Uncommon	

2 Image from Ickert et al. 2023

References:

- Witt, Claudia M., Daniel Pach, Benno Brinkhaus, Katja Wruck, Brigitte Tag, Sigrid Mank, and Stefan N. Willich. "Safety of Acupuncture: Results of a Prospective Observational Study with 229,230 Patients and Introduction of a Medical Information and Consent Form." *Complementary Medicine Research* 16, no. 2 (2009): 91–97. <https://doi.org/10.1159/000209315>.
- Ickert, Edmund C, David Griswold, Ken Learman, and Chad Cook. "Identifying Which Adverse Events Associated with Dry Needling Should Be Included for Informed Consent: A Modified e-Delphi Study." *Physiotherapy Theory and Practice*, May 9, 2023, 1–13. <https://doi.org/10.1080/09593985.2023.2208668>.

DRY NEEDLING CONSENT FORM

Please answer the following questions, as other conditions require consideration:

- Are you taking blood thinners? Yes / No
- Do you have active cancer? Yes / No
- Do you have Diabetes? Yes / No
- Are you Pregnant? Yes / No
- Are you receiving any treatments, or do you have a medical condition affecting your immune system? Yes / No
- Do you have any Current or Recent Infections? Yes / No
- Do you have any known disease or infection that can be transmitted through bodily fluids? Yes / No
- Have you experienced an allergic skin reaction to metals like chromium or nickel? Yes / No
- Do you have any medical devices (Pacemaker) or implants (Cosmetic) anywhere in your body? Yes / No
- Have you had any surgical procedures? Yes / No
- Are you needle-phobic (Fear of Needles)? Yes / No



Patient's Consent:

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus, this consent will cover this treatment as well as subsequent treatments by this facility. All of my questions, related to the procedure and possible risks were answered to my satisfaction. My signature below represents my consent to receive dry needling and my consent to any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time. I also understand it is my responsibility to inform my clinician if I experience any changes to my health (ex: pregnancy, new medical diagnoses, etc.). If my medical situation changes, I will immediately inform my clinician, so they can determine if dry needling remains an appropriate intervention.

I, _____, read and understand the risks, all of my questions have been answered, and I am willing to be treated with dry needling.

Patient or Authorized Representative Signature

Date

I was offered a copy of the consent form and refused.



STRUCTURE & FUNCTION[®]
E D U C A T I O N

DRY NEEDLING CONSENT FORM

- Both packets have the same information, your choice of Black & White or Color for reuse.
- Feel free to put your company/clinic logo above the title of the handout before using.
- Use this as a supplement resource to help your patients understand the possible risks/side effects of dry needling treatment to encourage informed consent before treatment.

For more information, please visit our website: www.structureandfunction.net
And read these articles on [Informed Consent](#), [Adverse Effects](#), and [Pneumothorax](#)

DRY NEEDLING CONSENT FORM

Dry needling administered by a western medical healthcare practitioner is not the same as acupuncture, however, it is a technique that utilizes similar thin, solid filament needles. The dry needling technique is used specifically to treat myofascial trigger points, muscle spasms, scars, or other areas with tight tissues. Like any medical procedure, there are possible complications. While these complications are uncommon, they do sometimes occur and must be considered prior to giving consent to the procedure. DN is not Traditional Chinese Acupuncture. DN is based on anatomy, neurology, and physiology. DN has some risks that can occur with the treatment. In the hands of a skilled professional, these risks are small, but you should still be aware of the potential adverse events. The most likely adverse events are listed below by their level of severity: ("Serious", "Significant", and "Mild"); and how often it may occur: ("Common" <10%, "Uncommon" <1%, and "Rare"< 0.1%)

1 Information from Witt et al. 2009

Adverse Event	Likelihood	Additional Information
Serious Risks (may require hospitalization)		
Pneumothorax (Collapsed Lung)	Rare	Symptoms may include shortness of breath or chest pain and require a visit to the hospital.
Fainting	Rare	Symptoms leading to fainting may include: sweating; lightheadedness; dizziness. Let your healthcare provider know if you have any of these symptoms while being treated. People usually recover quickly but a medical exam may be needed if problems occur.
Significant Risks (May continue for days/weeks and can require medical care)		
Hematoma/Swelling	Uncommon	Bump under the skin. This usually results in a bruise.
Nerve Injury	Uncommon	May cause temporary numbness, tingling, weakness, or sensation changes. Needles are small, flexible, and do not have a cutting edge.
Skin Irritation	Rare	Local redness, small bumps, and itching that may last a few hours.
Mild Risks (May cause temporary symptoms and little inconvenience)		
Bleeding	Common	Droplet is cleaned by healthcare provider but it may result in a bruise.
Bruising	Common	May last a few days.
Sweating	Common	Usually occurs during or after treatment and may last minutes to a few hours.
Dizziness	Common	
Fatigue	Common	
Temporary aggravation of symptoms	Common	
Pain During/After	Common	
Soreness	Uncommon	

2 Image from Ickert et al. 2023

References:

- Witt, Claudia M., Daniel Pach, Benno Brinkhaus, Katja Wruck, Brigitte Tag, Sigrid Mank, and Stefan N. Willich. "Safety of Acupuncture: Results of a Prospective Observational Study with 229,230 Patients and Introduction of a Medical Information and Consent Form." *Complementary Medicine Research* 16, no. 2 (2009): 91–97. <https://doi.org/10.1159/000209315>.
- Ickert, Edmund C, David Griswold, Ken Learman, and Chad Cook. "Identifying Which Adverse Events Associated with Dry Needling Should Be Included for Informed Consent: A Modified e-Delphi Study." *Physiotherapy Theory and Practice*, May 9, 2023, 1–13. <https://doi.org/10.1080/09593985.2023.2208668>.

DRY NEEDLING CONSENT FORM

Please answer the following questions, as other conditions require consideration:

- Are you taking blood thinners? Yes / No
- Do you have active cancer? Yes / No
- Do you have Diabetes? Yes / No
- Are you Pregnant? Yes / No
- Are you receiving any treatments, or do you have a medical condition affecting your immune system? Yes / No
- Do you have any Current or Recent Infections? Yes / No
- Do you have any known disease or infection that can be transmitted through bodily fluids? Yes / No
- Have you experienced an allergic skin reaction to metals like chromium or nickel? Yes / No
- Do you have any medical devices (Pacemaker) or implants (Cosmetic) anywhere in your body? Yes / No
- Have you had any surgical procedures? Yes / No
- Are you needle-phobic (Fear of Needles)? Yes / No

Patient's Consent:

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus, this consent will cover this treatment as well as subsequent treatments by this facility. All of my questions, related to the procedure and possible risks were answered to my satisfaction. My signature below represents my consent to receive dry needling and my consent to any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time. I also understand it is my responsibility to inform my clinician if I experience any changes to my health (ex: pregnancy, new medical diagnoses, etc.). If my medical situation changes, I will immediately inform my clinician, so they can determine if dry needling remains an appropriate intervention.

I, _____, read and understand the risks, all of my questions have been answered, and I am willing to be treated with dry needling.

Patient or Authorized Representative Signature

Date

I was offered a copy of the consent form and refused.