

Dry Needling - Informed Consent

Introduction

This document is to provide information to you, the patient/client, on the risks and side effects associated with the application of Neuro-muscular Dry Needle Therapy (Dry Needling)

Dry Needling (DN) is not acupuncture; however, it is also a technique that utilises thin, solid filament needles. This needling technique is used specifically to treat myofascial trigger points, muscle spasms, or dysfunctional tissue.

Like any medical procedure, there are possible complications. While these complications are uncommon, they sometimes occur and must be considered before giving consent to the procedure.

Practitioner Obligations

Maitland Myotherapy & Sports Massage are committed to providing a professional service to all patients/clients and carrying out that service with due skill and care.

The therapist must fully inform the patient/client of all relevant risks, consequences and side effects of treatments provided and ensure that you fully understand these risks. Written and verbal INFORMED consent must be obtained before commencing treatments during an Initial consult and treatment. For a further 12 months, verbal consent must be gained before beginning further assessments and treatments.

Sensations.

When a needle is inserted in the correct location, it may briefly reproduce a muscular ache or a twitching response, indicating the technique should effectively reduce the symptom. You may experience muscular discomfort for one or two days, followed by an expected improvement in your overall symptoms.

You may experience localised sensations of warmth, itching or heaviness.

Some may notice mild referred pain may occur away from the needle site, which is also expected. Your myotherapist must be made aware if you are feeling uncomfortable with the treatment.

Infection.

Any form of skin penetration creates an opportunity for infection. Best practice hygiene methods are employed before, during, and after treatments to minimise this risk. Only sterile, disposable, single-use needles are used.

Bruising or Bleeding.

On occasion, you may experience a small painless bruise or blood spots in the treated region. Bruising and blood spotting of this nature would normally clear very quickly.

Drowsiness, fatigue, and autonomic responses.

You may experience a feeling of tiredness, nausea, dizziness, and sweating; if this occurs, you will be asked to avoid driving or using heavy equipment until the feeling has passed.

Change in blood pressure, heart rate, flushing of the face or breathing rate are involuntary reflexes that may change temporarily due to dry needling; these occur rarely and should give no cause for concern.

Serious adverse effects

Serious adverse effects are estimated to be 0.05 per 10000 treatments or about 0.55 per 10000 patients

Extensive training over many years and risk management techniques are employed to avoid these complications.

Cardiac tamponade is a severe medical condition in which blood or fluids fill the space between the sac that encases the heart and the heart muscle. To eliminate this outcome, I do not needle anywhere near the heart.

Tension Pneumothorax is a severe medical condition caused by a needle penetrating the lung. Extensive training and best practice techniques minimise this adverse outcome.

Patient/Client Obligations

I must give Written and verbal INFORMED consent before commencing treatments during an Initial consult and treatment. For a further 24 months, I understand that my attendance for future treatments shall validate written permission. However, verbal consent must be gained before commencing further assessments and treatments.

To the best of my knowledge, I have provided a detailed, true, and accurate medical history and will update my therapist on any changes in my health status.

I have the right to question procedures used and receive an explanation of these procedures. I have the right to withdraw my consent, and either the therapist or I have the right to stop the treatment at any time in the future.

I do not expect the therapist to have foreseen any previous or pre-existing condition(s) that I have not mentioned for this or any future treatment.

I understand that the risks specific to my circumstances may have a bearing on my decision to proceed with the proposed treatment.

I understand that treatments may produce side effects such as muscle soreness, bruising, headache, nausea, increased awareness of areas of pain and light-headedness, among other possible temporary outcomes.

The therapist explained that the physical assessment I will receive may involve partial undressing and may require the therapist to palpate (touch) the area(s) of my body relevant to my presenting condition.

I have the right to request evidence for treatment that may include the abdomen, anterior and lateral chest, buttock and/or groin areas. I understand I have the right to refuse treatment of these (or any) areas.

I can ask any questions regarding any modification to the treatment plan. I should be comfortable with the explanation and reasoning for the change before consenting to the amendment to the initial treatment plan.

I understand that if I (the patient) am under 16 years of age, a parent or guardian must always be present during treatments. No treatment will begin or continue until this requirement is met.

I understand that if I am considered a "Vulnerable Patient" under the Vulnerable (includes Minors) Patients Policy, a 'carer' may be permitted/required to attend for the duration of the treatment and consent to the treatment being performed