



Trigger point dry needling involves placing a small needle into the muscle trigger point in order to cause the muscle to contract and then release, improving muscle flexibility and decreasing symptoms. Your practitioner has had extensive training per Colorado State Board of Physical Therapy guideline requirements (4-CCR 732-1).

TDN is a valuable treatment for musculoskeletal pain. Like any treatment there are possible complications. While these complications are a rare occurrence, they must be considered prior to giving consent to treatment.

Risks of the Procedure:

Though unlikely, the most serious risk is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only require an x-ray and no further treatment. The symptoms of shortness of breath may last several days to weeks. A more severe lung puncture can require hospitalization. This is a rare complication and in skilled hands should not be a concern.

Other risks may include bruising, infection and nerve injury. Please notify your provider if you have any conditions that can be transferred by blood. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from TDN is unlikely.

Please consult your practitioner if you have any questions regarding the treatment above. A copy of this consent can be provided to you at your request.

Do you have any known disease or infection that can be transmitted through bodily fluids? YES NO

Health Insurance Portability and Accountability Act (HIPAA)

I understand that Expert Physical Therapy Inc will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. By signing below, I hereby acknowledge receipt of Notice of Privacy Policies-HIPAA.

Consent to Treatment

I do hereby agree and give my consent for Expert Physical Therapy Inc. to furnish care and treatment that is considered necessary and proper in the diagnosing or treating of my physical condition. Dr. Hartman PT, DPT will be overseeing treatments administered by Chuck Walthall PTA (and any other PTA or support personnel on staff).

I understand that I retain the right to revoke this consent by notifying the practice in writing at any time. I hereby certify that all the above information is true to the best of my knowledge.

Consent of Release of Information

I authorize the release of any information pertinent to my case to any physicians, rehabilitation consultants, insurance company, adjuster, or attorney involved in the case.

Print name: _____

Signature: _____ **Date:** _____