



***Your Physical Therapist MAY

recommend FUNCTIONAL DRY NEEDLING[®]

(FDN) as part of your treatment plan. Signing the form below does not mean that you must participate in FDN, it simply acknowledges that you have been informed of the additional COSTS and risks associated with FDN***

Functional Dry Needling[®] (FDN) involves inserting a tiny monofilament needle in a muscle or muscles 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. This is not traditional Chinese Acupuncture, but is instead a medical treatment that relies on a medical diagnosis to be effective. Your physical therapist, trained by Kinetacore[®] has met requirements for Level 1 and/or Level 2 competency in Functional Dry Needling[®] and is now considered a certified Functional Dry Needling[®] Practitioner. 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 may 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.

****Cost:** I understand I am responsible for a \$30 supply/disposal fee not covered by health insurance per visit. I understand this payment is due at time of service ** Initial _____

Are you pregnant? Yes No Are you immunocompromised? Yes No Are you taking blood thinners? Yes No

Patient or Authorized Representative Signature _____ 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 _____