

PRANA PHYSIOTHERAPY

103-9093, King George Blvd, Surrey. V3V 5V7.

420 Columbia Street, New Westminster, V3L 1B1

PATIENT CONSENT AND RELEASE- TRIGGER POINT DRY NEEDLING

Trigger Point Needling (TDN) involves placing a small filament needle into the muscle at the trigger point which is typically in an area where the muscle is tight and tender. Dry Needling is performed at "Prana Physiotherapy" by a licensed physical therapist who has received additional training in this technique. TDN is a valuable addition to standard therapy for musculoskeletal pain.

POTENTIAL RISKS AND COMPLICATIONS OF PROCEDURE

The main risks and complications associated with TDN include: bruising, hematoma, nerve injury, infection, and increased pain. 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, any significant tissue trauma from TDN is unlikely.

The most serious risk associated with TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may only require a chest x-ray and no further treatment as it can resolve on its own. The symptoms of pain and shortness of breath may last for several days to weeks. A more severe lung puncture can require hospitalization and re-inflation of the lung. This is a rare complication, however, if you feel any related symptoms, immediately contact your TDN provider, your physician or if necessary go to the emergency room. Contraindications for the use of TDN include: pregnancy, malignant tumors, bleeding disorders, medical emergencies or in the place of surgical intervention, patients on blood thinners, unstable blood pressure, and internal organ diseases.

- Do you have any known disease or infection that can be transmitted through bodily fluids (HIV, Hepatitis, etc.)?
YES NO
- Are you currently taking any anticoagulants that may affect blood clotting (aspirin Coumadin, warfarin, etc.)?
- Do you have any known allergies to nickel or chromium? (Signs of this may include irritation to certain types of jewelry) YES NO
- Do you have any cosmetic implants? Do you currently have a pace maker? YES NO

If you marked YES to any of the above questions, please discuss with physical therapist prior to receiving TDN.

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CONSENT AND RELEASE OF LIABILITY:

I consent and expressly and voluntarily assume the risks of my participation in this procedure. I will inform "Prana Physiotherapy" and my Physical Therapist of any questions or concerns I have concerning my treatment. 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. I certify that I am not experiencing the contraindications listed above. I hereby release, discharge and covenant not to sue, "Prana Physiotherapy", Management., LLC "Prana Physiotherapy", their respective affiliates, subsidiaries, officers, directors, owners, agents, employees, heirs, executors, administrators, successors, and assigns from and against any and all liability, suits, losses, costs, expenses or other claim of damage whatsoever, caused by or as a result of my participation in this treatment method. I have read, understand and agree to the terms of this consent. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. Acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of patient or Legally Authorized Person Date