



Functional Dry Needling® Consent

All therapists associated with Jan Active Therapy have completed the certification process through either Myopain Seminars or KinetaCore for Functional Dry Needling® (FDN).

Functional Dry Needling®, a proven modality in physical therapy, is employed alongside other interventions to address myofascial pain and dysfunction. This technique involves the precise insertion of a solid monofilament needle into the skin and muscle directly into a myofascial trigger point. Functional Dry Needling® aims to deactivate the trigger point, leading to biochemical changes that alleviate pain.

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.

It is important to note that dry needling, despite similarities, is distinct from a comprehensive acupuncture treatment administered by a licensed acupuncturist.

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.

Please answer the following questions:

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

***DO NOT SIGN UNLESS YOU HAVE READ & THOROUGHLY UNDERSTAND THIS FORM.
You have the right to withdraw consent for this procedure at any time before it is performed.***

Patient or Authorized Representative _____
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