



MARISKA ODENDAAL PHYSIOTHERAPY

DRY NEEDLING CONSENT FORM

INFORMATION:

Dry Needling is a method of treatment chosen to use by a qualified Physiotherapist. It is used to treat pain and dysfunction caused by muscle imbalances or overload. This technique should not be confused with Acupuncture, where the treatment is based on traditional Chinese Medicine. Dry needling is an evidence based treatment technique, and a clear understanding of anatomy and the human body is required for this technique to be performed. The treating therapist has been specifically trained in delivering the correct Dry Needling technique.

How does it work?

Dry needling works on a cellular level and assists in changing the way in which your body experiences pain (neurological effects). The trigger-points and painful muscles are relieved by inserting the needle into the affected area. There are electrical and chemical changes associated with the Dry needling therapy. The treatment is most effective when used as a part of the rehabilitative process. It is important to follow the exercise and stretch guidelines given to you by your Physiotherapist in order to ensure that the optimal effects of treatment are reached.

What to expect from Dry Needling?

The physiotherapist will choose the correct size and length of the needle according to the area that will be treated. The needle will be inserted with a small flick movement and a pinprick might be felt. Once the needle is in position, a dull ache or muscle twitch might be felt - these are normal responses. You might feel some stiffness and discomfort the following day which is part of the normal healing process.

What are the Risks?

Even though there are only a few risks associated with the performance of Dry needling the following may be experienced. Bruising around the needle site. In rare instances people have experienced a change in mood or body temperature. In rare occasions fainting has been reported. This effect however does not last long and can fade within 24hours of treatment.

If the Neck, Shoulder or Chest areas are treated there is an additional risk. These areas are close to the lungs and there is a risk to puncture the lung, which may cause a Pneumothorax (air trapped in the lung cavity). This is a very rare occurrence, but if it does occur, it should be treated immediately at a hospital emergency unit. Symptoms of a Pneumothorax include: shortness of breath (not improving), sharp pain in the chest while breathing in, a blue discoloration to the lips or an inability to catch your breath. Treatment should be sought immediately, and is very successful.

Consent:

Please feel free to ask any questions if needed, once you are comfortable with the Dry Needling to be performed, please sign the attached consent form to be kept on record. You may keep this information sheet.

Please also note that if you are not comfortable during the Dry Needling, or if you do not want to continue, you have the right to inform the treating Physiotherapist and treatment will be adjusted.

(Source: SASP Dry Needling consent form 2016/ENG)



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CONSENT FOR DRY NEEDLING

This document is to be read in conjunction with the information sheet titled "Dry Needling Information"

1. I _____ (Full name and surname) in my capacity as:

The patient (12 years and older) **or**

The parent/legal guardian of the patient: _____ (full name of patient)

Who is my: **spouse/ child/ grandchild/ parent/ sibling/ foster child** (please circle appropriate term)

Do hereby give my consent for the performance of Dry Needling therapy by the Physiotherapist

Mariska Odendaal Physiotherapy in Linden.

2. I understand that I can withdraw my consent at any time

3. I understand that the therapist is appropriately qualified and trained to perform the required therapy.

4. The areas of the body that I consent to have dry Needled are:

5. I am satisfied that the technique has been explained to me, and that should I have any concerns or questions, I can discuss it with my Physiotherapist.

6. I have read the attached information sheet and I am aware of the risks involved.

7. I understand that the technique is performed within a rehabilitative framework and that I must follow instructions as given by the Physiotherapist.

8. I hereby indemnify the therapist and the practice against any and all liability from the treatment described above including unforeseen or unknown consequences.

Date: _____ Time: _____ Place: Linden

Signed:

Patient/ Guardian