

# Inner Balance Physical Therapy

## Cosmetic Dry Needling Consent Form

### How does it work?

A very fine filament needle is inserted through the skin causing a micro lesion within the pathological tissue thus breaking up shortened tissues, inhibiting a reflex arc from the nervous system to the tissue, and normalizing the inflammatory response. This mechanical and neuromuscular effect provides an environment that enhances the body's ability to self-heal.

### What are the benefits of cosmetic dry needling?

Benefits include:

- Improves microcirculation (blood flow)
- Improves lymphatic drainage
- Improves collagen and elastin production
- Improves skin texture and water content
- Brightens complexion
- Minimizes pores
- Reduces the loss of epidermal thickness
- Reduces skin sagging
- Reduces muscle tension
- Reduces jaw tension
- Reduces headaches and migraines
- Restores muscle tone & elasticity and facial symmetry
- Reduces the appearance of fine lines and wrinkles
- Reduces appearance and adherence of scars
- Reduces puffiness and swelling

### Are the needles sterile?

Yes, we only use sterile disposable needles.

### Is the procedure painful?

The fine filament needle is very thin, solid, and flexible, which allows for the needle to be pushed through the skin versus cutting the skin. This helps reduce any discomfort that may occur with the procedure. We strive to make the treatment virtually painless however at times a pinch from the needle may be felt.

### Is Dry Needling treatment covered by my insurance?

No, dry needling is not covered by insurance despite the benefits. By signing this consent, you understand it is not a covered service. Payment is due at time of service.

Dry Needling (DN) involves inserting a thin/flexible monofilament needle into symptomatic tissue to reduce pain and improve function. Benefits from DN can be experienced immediately or over a few days to weeks. DN is not Traditional Chinese Acupuncture. DN is based on anatomy, neurology, and physiology. DN has some risks that can occur with the treatment. In the hands of a skilled professional, these risks are small, but you should still be aware of the potential adverse events. The most likely adverse events are listed below.

**Some symptoms may occur with dry needling like:**

- Pneumothorax, fainting, skin irritation (rare, less than 0.1%)
- Hematoma (bleeding under skin), temporary nerve symptoms (numbness, tingling, weakness, or sensation changes, drowsiness, soreness (uncommon, less than 1%)
- Bleeding (drop of blood), brushing, sweating, dizziness, fatigue, temporary symptom increase, needle discomfort during/after (common, less than 10%)

**There are other conditions that require consideration so please answer the following questions:**

- Are you taking blood thinners? Yes / No
- Have you ever fainted or had seizures? Yes / No
- Are you pregnant or actively trying to become pregnant? Yes / No
- Are you currently taking any antibiotics? Yes / No
- Are you receiving any treatments or have a medical condition effecting your immune system? Yes / No
- Do you have any known disease or infection (ex. HIV, HEP B/C, etc) that can be transmitted through bodily fluids? Yes / No
- Are you diabetic or suffer from impaired wound healing? Yes / No
- Have you experienced an allergic skin reaction to metals like chromium or nickel (needles)? Yes / No
- Do you have any medical devices or implants anywhere in your body (ex. Pacemaker)? Yes / No
- Do you have a damaged heart valve or a metal prosthesis? Yes / No

**Patient's Consent:**

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus this consent will cover this treatment as well as subsequent treatments by this facility. All of my questions, related to the procedure and possible risks, were answered to my satisfaction. My signature below represents my consent to receive dry needling and my consent to any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time.

I, \_\_\_\_\_, read and understand the risks, all of my questions have been answered, and I am willing to be treated with dry needling.

\_\_\_\_\_  
Patient or Authorized Representative Signature

\_\_\_\_\_  
Date