

Functional Dry Needling (FDN) / Intramuscular Stimulation

Informed Consent & Procedure Authorization

What is Functional Dry Needling?

Functional Dry Needling (FDN) involves the insertion of sterile, fine monofilament needles into specific muscles to release shortened bands and deactivate trigger points. This procedure aims to reduce pain, alleviate muscle tension, and facilitate the natural healing process. While the equipment is similar, FDN is not traditional Chinese Acupuncture; it is a medical treatment based on modern Western medical diagnosis and neuroanatomy.

Potential Risks and Complications

As with any clinical procedure, there are inherent risks. While serious complications are rare, they must be understood prior to treatment:

- **Pneumothorax:** The most significant risk is the accidental puncture of a lung. Symptoms include shortness of breath and may require medical imaging or, in rare cases, hospitalization for lung re-inflation.
- **Common Reactions:** Localized bruising or minor bleeding is common and generally not a cause for concern.

Other Risks: Potential for infection, nerve injury, or temporary fatigue.

Expected Sensations: During treatment, you may feel a "twitch response," which often feels like a deep muscle cramp. This is a normal biochemical reaction indicating the trigger point is being deactivated. You may experience localized soreness for 24–48 hours following the session.

Patient Medical Screening, Consent and Authorization

Are you currently pregnant?

Yes No

Are you taking blood-thinning medications (e.g., Aspirin, Warfarin)?

Yes No

Are you immunocompromised or have a history of infection?

Yes No

I, _____, hereby authorize the practitioners at **Brookswood Plus Physiotherapy** to perform Functional Dry Needling for my condition.

- I acknowledge that no guarantee has been made regarding the results of this procedure.
- I have been informed of the potential risks, including the rare risk of pneumothorax.
- I understand that multiple sessions may be required and that this consent covers the initial and subsequent treatments.
- I confirm that I have had the opportunity to ask questions and they have been answered to my satisfaction.

I have read and thoroughly understand this form. I reserve the right to withdraw my consent at any time prior to the procedure.

(Patient/Guardian Signature)

(Date MM/DD/YYYY)

Printed Name: _____

Practitioner Affirmation:

I have explained the nature of the procedure, the anticipated benefits, and the associated risks to the patient. The patient has indicated their understanding and provided consent.

(Practitioner Signature)

(Date MM/DD/YYYY)