



Professional Rehabilitation Services

"The Outpatient Physical Therapy Specialists"

Intramuscular Manual Therapy (IMT) Consent Form

Intramuscular Manual Therapy (aka: Trigger Point Dry Needling) involves placing a small needle into the muscle at the trigger point in order to cause a "twitch response" thus improving the flexibility of the muscle and therefore decreasing the symptoms. This procedure is NOT acupuncture. The performing therapist will not purposely stimulate any distal or auricular points during the treatment. IMT is a valuable treatment for musculoskeletal pain and to improve muscular performance. Like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

RISKS

Though unlikely, there are risks associated with this treatment. The most serious risk associated with IMT is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely 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 a few weeks. A more severe lung puncture can require hospitalization and re-inflation of the lung. This is a rare complication and in skilled hands should not be a concern. If you feel any related symptoms, contact your Physical Therapist immediately. More importantly, the therapists of PRS routinely avoid dry needling in the area of the lungs. If a pneumothorax is suspected, you should seek medical attention from your physician or go directly to the emergency room.

Other risks may include bruising, infection and nerve injury. Bruising is a common occurrence and should not be a concern, unless you are taking a blood thinner. Please notify your Physical Therapist, if you have any conditions that can be transferred by blood. The needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from IMT is unlikely. Please consult with your Physical Therapist, if you have any questions, regarding the treatment explained above.

Do you have any known diseases or infections that can be transmitted through bodily fluids? YES NO (if you marked YES, please discuss this with your Physical Therapist).

By signing this form, I hereby give my full consent for the Physical Therapist to perform IMT:

Print Name

Signature of Patient/Guardian

Date