

Intramuscular Manual Therapy (Trigger Point Dry Needling- TDN) Consent

IMT/TDN involves placing a small needle into the muscle at the trigger point which is typically in an area where the muscle is tight and may be tender. It is the intent to cause the muscle to contract/twitch and release. This improves flexibility of the muscle and therefore decrease the symptoms. The performing doctor will not stimulate any auricular points during the dry needling treatment and is not performing acupuncture. The doctor may use an electrical stimulation unit during your treatment.

IMT/TDN is a valuable treatment for musculoskeletal related pain such as soft tissue and joint pain, as well as to increase muscle performance. Like any treatment there are possible complications, while these complications are rare in occurrence, it is recommended you read through the possible risks prior to giving consent to treatment.

Risk of Procedure:

Though unlikely there are risks associated with this treatment. The most serious risk associated with TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may 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 or weeks. A more severe lumbar 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 related symptoms immediately contact your IMT/TDN provider. If pneumothorax is suspected you should seek medical attention from your physician or if necessary go to the emergency room.

Other risks may include bruising, achiness, infection, nerve injury and a feeling of faintness or dizziness. Please notify your provider if you have any conditions that can be transferred by blood, require blood anticoagulants or any other conditions that may have an adverse effect to needle punctures. The doctor does use sterile needles, gloves, and maintains a clean and safe environment. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from IMT/TDN is unlikely. Please consult your IMT/TDN practitioner if you have any questions regarding the treatment above.

I understand that the doctor applying this technique is level 1 certified and will only perform TDN to points associated in level 1 training. (_____)

I understand that while this document describes the major risks of treatment, other side effects and risk may occur. I wish to rely on the expertise of the doctor to exercise judgement during the course of treatment. (_____)

I understand results are not guaranteed. (_____)

I understand that if I am pregnant, suspect that I am pregnant or become pregnant during the course of treatment, I am responsible to inform the doctor. (_____)

I confirm that I am **not** currently taking any prescription blood thinners or daily aspirin. (_____)

Do you have any known diseases or infection that can be transmitted through bodily fluids? YES NO
If you marked YES, please discuss with your doctor.

CANCELLATION POLICY: I understand that the doctor has a specific blocked out time for my appointment. I understand that I will be financially responsible for a fee of \$60.00 for failure to cancel or reschedule my appointment within 24 hours of my scheduled appointment time. (_____)

By voluntarily signing below, I show that I have read this consent form and have been told about the risks and benefits of IMT/TDN. I have had an opportunity to ask questions. I will not hold Dr. Julie Scott D.C. or J.S. Chiropractic (Scott Chiropractic on Lake Loveland) liable for any injuries, accidents, conflicts or physical ailments that may occur after treatment.

Print Name

Signature

Date

24 HOUR CANCELLATION POLICY

Our goal is to provide quality, individualized, medical care in a timely manner. “No-Shows” and cancellations inconvenience those individuals who need access to medical care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of treatment.

In order to be respectful of the needs of other patients, please be courteous and call the office within **24 Hours** if you are unable to attend your appointment. Time has been set aside for your appointment, and if canceled in a timely manner, this time will be reallocated to someone who is in need of treatment. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely treatment.

Patients will be responsible for the following charges for failure to cancel or reschedule appointment(s) within **24 Hours** of scheduled appointment.

Any missed appointments cannot be billed to your insurance company.

- **\$55** for a Chiropractic Appointment (payment at time of service discount).
- **\$75** for a 60-minute Soft Tissue Treatment (payment at time of service discount).
- **\$45** for a 30-minute Soft Tissue Treatment (payment at time of service discount).
- **\$60** for a Trigger Point Dry Needling Appointment (payment at time of service discount).
- **\$60** for a 60-minute Rehabilitation Appointment (payment at time of service discount).

Payment will be required within 14 days of missed appointment (s). After those 14 days, the balances left unpaid will be subject to a \$15 billing fee and will incur an additional \$15 billing fee each time a balance is rebilled.

To cancel appointments, please call **970-203-9997**. If you do not reach the receptionist, you may leave a detailed message on our voicemail. We will return your call as soon as possible.

Patient's Signature: _____ Date: ____ / ____ / ____

Responsible Party's Signature (If patient is a minor): _____ Date: ____ / ____ / ____