

Janine Flanagan

Informed Consent to Dry Needling therapy practice

Please read this document carefully but do not sign it until you have been introduced to your treating practitioner.

You will have the opportunity to ask any questions you may have at this time and raise any concerns with your treating practitioner before the commencement of your consultation.

This document is designed to inform you of the possible risks and adverse reactions to treatment.

It is your right to know this information for you to give informed consent to your treating practitioner.

What are the possible risks to adverse events (AE's) related to Dry Needling therapy?

The possible risks to adverse events following Dry Needling treatment include Serious Adverse Events (AE's) Pneumothorax, Cardiac Tamponade & damage to organs (0.04%). Mild or moderate AEs included bruising (7.55%), bleeding (4.65%), pain during treatment (3.01%), and pain after treatment (2.19%). Uncommon AEs include aggravation of symptoms (0.88%), drowsiness (0.26%), headache (0.14%), and nausea (0.13%). Rare AEs fatigue (0.04%), altered emotions (0.04%), shaking, itching, claustrophobia, and numbness, all 0.01%.

"Reference: Brady, S et al. Journal of Manual and Manipulative Therapy 2013 VOL. 000 NO. 000 (2013)"

What are the procedures that our clinic has implemented to reduce the above risks?

- We practice and are compliant with all current safety and health hygiene protocols as recommended by our local authority and professional body
- If dry needling is indicated, prior verbal permission will be obtained
- All Acupuncture needles used for Dry Needling are single-use only, sterile and of the highest quality possible
- We will take a comprehensive case history to rule out any reasons why Dry Needling may not be appropriate for you as a treatment option

List of conditions

The following is a list of conditions that are the most common relative contraindications to Dry Needling therapy.

Please notify your treating practitioner if you have any of the following conditions or you, at a later stage, develop any of these conditions:

- Bloodborne viruses (HIV & Hepatitis B/C)
- Recent radiotherapy
- Malignancy
- Haematoma
- Pregnancy
- Diabetes
- Bleeding disorders
- Eczema or psoriasis
- Peripheral neuropathy
- Lowered Immune Function
- Metal Allergies
- Chronic oedema or Lymphoedema
- Recent Axillary & Inguinal Node Dissection
- Open skin wounds or injuries
- Cosmetic or Augmentation Surgery, E.g. Breast, buttock, pectoral & calf

Withdrawing your consent

You may choose to withdraw your consent to Dry Needling therapy by signing this consent form with the amendment below.

Patient rights to privacy & modesty

It is always our intention to respect your right to privacy and to protect your modesty during treatment. As part of the examination & treatment process, you may be required to remove your clothing; this is necessary for us to determine the nature of your symptoms and to be able to treat you effectively.

We will always endeavour to minimise the amount of clothing you will be asked to remove & cover those areas that are not being treated directly. If you would like to use a gown during your treatment, please let your practitioner know. If you have any concerns about this aspect of your consultation, please do not hesitate to talk to your practitioner.

Treatment of Patients under 18 years of age

It is the policy of this clinic that any patient under the age of 18 must have their parent or legal guardian present during their child's initial consultation. It is strongly recommended that a parent or legal guardian should attend all subsequent appointments. In the case where a parent/legal guardian is unable to attend a child's initial consultation, we will ask the parent/legal guardian to read and sign this consent form before their child's appointment.

Patient Consent

I request and consent to the performance of treatment on me by my treating practitioner.

I do not expect, unless asked, the treating practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioner to exercise judgment during the course of the treatment, which they feel at the time, based upon the facts then known, is in my best interests.

I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw my consent at any time.

Signing this form does not remove my rights to withdraw from any treatment option my practitioner may offer now or in future.

Your practitioner will ask you important and relevant questions about your current & past medical health to assess your suitability & risk profile for the treatments we recommend.

PLEASE DO NOT SIGN THIS FORM UNTIL YOU HAVE SEEN YOUR PRACTITIONER

I do not consent to the use of Dry Needling Therapy.

☐ (Please tick if you do not consent)

<u>J. Flanagan</u>	<u>Janine Flanagan</u>	<u>17/06/24</u>
Patient/Parent/Guardian Name	Patient/Parent/Guardian Signature	Date/Time

<u>Daniela U G. Kent</u>	<u>[Signature]</u>	<u>17-6-24</u>
Practitioner Name	Practitioner Signature	Date/Time