

Informed Consent for Myofascial Dry Needling - NSR Massage Therapy – Gawler



Client Name: Josh Colbourne

Date of Birth: 09/02/96

Contact Number: 0423 855 321

Emergency Contact Name: Shannon Phone: 0414 566 117

Relationship: Wife

What is Myofascial Dry Needling?

Myofascial dry needling is a technique used by qualified therapists to treat muscular pain and tightness by inserting fine, single use, sterile needles into trigger points or tight muscle bands. It is not acupuncture, but a western-based technique used to relieve pain and restore function.

Potential Benefits:

- Reduction in pain and muscle tension
- Increased range of motion and mobility
- Improved muscle function and circulation

Possible Risks and Side Effects:

Dry needling has some risks and adverse effects that can occur with the treatment. In the hands of a skilled professional, these risks are small, but you should still be aware of them.

While safe, dry needling may occasionally cause:

- Mild soreness, aching or bruising
- Small blood droplet at needle sites
- Temporary fatigue or dizziness
- Rare but possible fainting, nerve irritation or pneumothorax

You will always be monitored during treatment and you may stop at any time.

Communication and Feedback:

Effective communication is essential throughout a dry needling session to ensure safety, build trust, and achieve the best therapeutic outcomes. Your practitioner will actively encourage and respond to feedback before, during, and after treatment. When in contact with a trigger point, you may feel heaviness, aching, or even a local twitch response.

Clients should report if they feel:

- Sharp, burning, or unusual pain
- Dizziness, light-headedness, or nausea
- Emotional discomfort or anxiety

Practitioners should **adjust technique** based on client feedback. This may include modifying needle depth, location, or stopping the dry needling.

Post-Treatment Care:

After dry needling you may have some mild - moderate soreness, tightness or heaviness in the needled area, mild fatigue or a relaxed sensation.

- Apply a heat pack to the tender area.
- Rest the body, avoid strenuous activity. A light walk can be nice to promote circulation.
- Stay hydrated - drink a couple cups of water on top of your regular intake, aim for 2 litres of water per day.

If you get a **bruise** in the needled area, you may feel mild tenderness for a few days. If you feel the need, apply an ice pack for 10 minutes at a time, over the first 24 hours. Then apply a heat pack after 48 hours to promote healing. Bruises usually fade within 1-2 weeks.

Health History:

Some medical conditions and/or medications may increase the adverse events associated with dry needling. Please answer yes/no to the following. If you answer yes, please provide additional information to your clinician.					
	Yes	No		Yes	No
Do you have a bleeding disorder, bruise easily, or are you taking blood thinners		X	Respiratory disease (COPD, emphysema or a heavy smoker)		X
Inflammatory conditions		X	Fever, influenza, blood borne disease or infectious disease		X
Taking immunosuppressive medication		X	Vascular disorders		X
Implanted devices / augmentations		X	Impaired sensation		X
Are you pregnant or trying to become pregnant		X	Cancer		X
Diabetes		X	Other (please specify)		
Please specify:					

Client Agreement and Consent:

Please read and check each box to indicate your understanding:

- ☒ I have discussed myofascial dry needling with my therapist and understand what the treatment involves.
- ☒ I understand the potential benefits and possible risks and side effects. I agree that no guarantees have been made regarding the success of dry needling treatment related to my condition. I am aware that multiple dry needling sessions may be needed.
- ☒ I have disclosed all relevant medical history, including medications, allergies, and current health concerns. I will advise my clinician if my health history changes during the course of treatment.
- ☒ I understand I can decline or stop treatment at any time without pressure.
- ☒ I give permission for my therapist to proceed with dry needling treatment as part of my care plan. This consent will cover all dry needling treatments performed by this facility.
- ☒ I understand this is not a substitute for medical treatment, and any serious or ongoing symptoms should be referred to my GP or health provider.

Client Signature: _____

Date: _____

Therapist Name (Print): _____

Therapist Signature: _____

Date: _____