

# Example

## Intramuscular Needling Informed Consent Form

For patient receiving intramuscular needling services from a licensed physical therapist

A copy of this form must be provided to the patient or legal guardian if the patient is under 18 years of age, and a copy must be kept with the patient records.

- I understand that “intramuscular needling,” also known as “dry needling,” means a skilled intervention that uses a single use, sterile filiform needle to penetrate the skin and stimulate underlying myofascial trigger points and connective and muscular tissues for the evaluation and management of neuromusculoskeletal pain and movement impairments. Intramuscular needling requires an examination and diagnosis. ([RCW 18.74.010](#))
- Intramuscular needling does not include needle retention without stimulation or the stimulation of auricular (ear) and distal (not local to the area being treated) points.

Patient initials \_\_\_\_\_

- I understand that there are risks associated with intramuscular needling that include but are not limited to soreness and bruising, infection, pain during treatment, risk of bleeding, other adverse reactions such as dizziness, faintness or allergic response.

Patient initials \_\_\_\_\_

- I understand that there are benefits associated with intramuscular needling that include but are not limited to enhanced blood flow, muscle relaxation, improved range of motion, and pain relief.

Patient initials \_\_\_\_\_

- I understand that intramuscular needling is not the same as acupuncture. “Acupuncture and Eastern medicine” means a health care service utilizing acupuncture or Eastern medicine diagnosis and treatment to promote health and treat organic or functional disorders, which includes a variety of traditional and modern acupuncture and Eastern medicine therapeutic treatments, such as the practice of acupuncture techniques and herbal medicine to maintain and promote wellness, prevent, manage, and reduce pain, and treat substance use disorder. ([RCW 18.06.010](#))

Patient initials \_\_\_\_\_

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient \_\_\_\_\_

(or legal guardian if patient is under 18 years of age)