Informed Consent for Trigger Point Injections

Trigger Point Injections (TPI) are used to treat painful and tender areas of muscle. Normal muscle contracts and relaxes when it is active. A Trigger point is a discreet knot or tight, ropy band of muscle that forms when muscles fail to relax. The knot often can be felt under the skin and may twitch involuntarily when touched (jump sign). Trigger point areas may irritate the nerves around them and cause referred pain, or pain that is felt in another part of the body.

Injection of medication (e.g. lidocaine, procaine, bupivacaine or anti- inflammatory/steroid) inactivates the point and thus alleviates pain. Dry-needling, not to be confused with acupuncture, with or without saline can also be effective. The therapeutic effect of dry needle stimulations relies on mechanical disruption or direct stimulation of trigger points.

I understand and accept the treatment protocol. Our standard treatment protocol for medical pain management services of 12 weeks may vary depending on your monthly medical re-evaluation. Our treatment protocol is:
- 4 weeks of injections 2 times a week
- 4 weeks of injections 1 time a week
- 4 injections every other week

I understand and accept the most likely risks and complications of trigger point injections, some which can include the remote risk of death or serious disability. Medical complications may include, but are not limited to:
- Pneumothorax/Collapsed Lung
- Infection
- Needle Breakage
- Numbness
- Trauma to Nerves
- Vasovagal Reaction (fainting)
- Soft Tissue Swelling, Bruising Or Hematoma Formation

I understand and accept the anticipated outcomes:
- Increased circulation to the muscles
- Increased exercise tolerance
- Increased pain threshold at the trigger point
- Increased range of passive and active motion
- Pain reduction
- Multiple sessions may be necessary
- Temporary increased muscle spasm
- Temporary injection and post-injection pain

I have been informed of what to expect in the post-injection period, including but not limited to: estimated recovery time, anticipated activity level and the possibility of additional procedures. For simple infection, bruising or numbness, I agree to provide heat and ischemic pressure for 3

minutes for relief. I will notify the pain clinic if this fails to resolve my problems within 20 hours.

I agree to inform the physician of any changes in my current health status, including: new medical diagnoses, pregnancy, new allergies, and updates to any medications that I am taking, including aspirin and any recreational drug or alcohol use; immediately before each treatment or procedure. I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

I certify that I have read and understand both (two) pages of this consent form. And, that by signing this form once, I agree to assume all of the risks for this treatment procedure, and for any and all future treatment procedures that I receive at this clinic and their affiliates.

The details of the recommended procedure(s), alternative methods with their benefits and disadvantages have also been explained to me, in terms that I understand. The physician has answered all of my questions regarding these procedure(s). I authorize my physician, with the associates or assistants of his/her choice, to perform the procedure(s) including trigger point injections on me.

I further authorize the physician(s) and assistant(s) to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

_____   _____
Signature or Patient or Legal Representative   Print Patient or Legal Representative Name

_____   _____
 Date   Relationship to patient

_____
Signature Witness

_____
Date

I certify that I have explained the nature, purpose, benefits, risks, complications and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient / legal representative fully understands what I have explained.

_____
Signature of Physician

_____
Date