***Rejuvenation Therapy, PLLC***

***609 E. Speer Blvd., Suite #150, Denver, CO 80203***

***Phone: (303) 725-6958***

**Intramuscular Manual Therapy (IMT)/Trigger Point Dry Needling (TDN) Consent Form**

IMT/TDN involves placing a small needle into the muscle at the trigger point in order to cause the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms. IMT/TDN is not intended to stimulate any distal or auricular acupuncture points. IMT/TDN is a valuable treatment for musculoskeletal pain. Like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving consent to treatment.

**Risks of the procedure:**

The most serious risk associated with IMT/TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe lung puncture can require hospitalization and re-inflation of the lung. This is a rare complication and in skilled hands should not be a concern.

Other risks may include excessive bleeding (causing a bruise), infection and nerve injury. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner (anticoagulant). 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.

Gayle Fischer, DPT, MPT has been trained in this procedure as required by the Colorado Department of Regulatory Agencies, and is qualified to perform this skill.

Please consult with your practitioner if you have questions regarding the treatment above.

Do you have any known disease/infection that can be transmitted through bodily fluids? **Yes No**

**If you marked yes, please discuss with your practitioner.**

I have read or been read and understand the above information, and hereby give consent for IMT/TDN procedures to be performed on my by Gayle Fischer, DPT, MPT. This consent may be revoked at any time verbally or in writing.

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Please print your name

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Signature Date

\_\_ I have been offered a copy of this consent for and have declined