

Sandia View Wellness

Informed Consent for Dry Needling

Patient Name: _____ **Date:** _____

Dry needling (DN) is a technique using thin, sterile, single-use filiform needles (no medication) inserted into muscles/soft tissues to treat myofascial trigger points, reduce pain, and improve function/mobility. It influences neurological, electrical, and chemical processes and is based on modern Western medicine—not acupuncture or traditional Chinese medicine. DN may be part of your chiropractic or rehabilitative care plan.

Benefits: May improve pain, numbness/tingling, swelling, range of motion, strength, and overall function, though results vary by individual and condition.

Risks and Side Effects:

DN is generally safe, but like any procedure involving skin penetration, it carries risks. No treatment guarantees results, and temporary worsening or lack of improvement is possible.

Common effects (usually resolve in 24–48 hours):

Soreness (like post-workout; contact us if >48 hours)

Bruising (common in neck, shoulders, arms/legs; ice as needed; contact us if concerning)

Fatigue, nausea, lightheadedness, emotional changes, or feeling "loopy" (contact us if >1 day)

Temporary flare-up of symptoms

During treatment: Possible pain, swelling, nausea, anxiety, dizziness, referred pain, or muscle twitch.

Rare complications: Bleeding, local infection, nerve injury.

Serious risk (rare but possible when needling near shoulder, neck, back, or chest):

Pneumothorax (collapsed lung from accidental lung puncture). Symptoms include shortness of breath, chest pain/tightness, blue lips, or inability to catch breath. If suspected, seek emergency care (ER) immediately—do not delay.

I understand these risks (and that following instructions minimizes them), have no undisclosed contraindications (e.g., bleeding disorders, pregnancy, infection, fear of needles—discuss with provider), and have the right to refuse, stop, or ask questions at any time.

I have read (or had read to me) this form, understand its contents, and voluntarily consent to dry needling as recommended. All my questions have been answered satisfactorily. No guarantees of outcome have been made.

Patient Signature (or Legal Guardian if minor): _____

Date: _____

Printed Name:

Guardian/Representative Relationship (if applicable):

Provider Signature: _____ **Date:** _____

