



Db a Elite Sports Medicine and Physical Therapy, LLC
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 which is typically the area which the muscle is tight and may be tender with the intent of causing the muscle to contract then release, improving the flexibility of the muscle therefore decreasing symptoms. The performing therapist will not stimulate any distal or auricular point during the needling treatment.

Dry needling is a focal technique used in physical therapy practice to treat trigger points in muscles. You should understand that this dry needling technique should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist.

IMT/TDN is a valuable treatment for musculoskeletal related pain such as soft tissue and joint pain, as well as increase muscle performance. Like any treatment there are possible complications. While these complications are rare in occurrence, it is recommended you read through the possible risks prior to giving consent.

Risks of the procedure:

Though unlikely there are risks associated with this treatment. The most serious risk associated with IMT/TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may require a chest x-ray and no further treatment as it can be resolved on its own. The symptoms of pain and shortness of breath may last for several days to two 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. If you feel any related symptoms, immediately contact your IMT/TDN provider. If a pneumothorax is suspected you should seek medical attention from your physician or if necessary go to the emergency room.

Other risks may include bruising, infection, and nerve injury. Please notify your provider if you have any conditions that can be transferred by blood, require anticoagulants or any other conditions that may have an adverse effect to needle punctures. Bruising is a common occurrence and should not be a concern unless you are taking blood thinners. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma for IMT/TDN is unlikely. Please consult with your practitioner if you have any questions regarding the treatment above.

Do you have any known disease or infections that can be transmitted through bodily fluids?

YES NO

If yes, please discuss with your practitioner

Printed Name: _____

Signature: _____ Date: _____

TPDN is not covered by insurance, therefore there is a \$50 out of pocket fee for TPDN for one unit (i.e. up to 15 minutes of TPDN). Payment for other Covered procedures also performed during a visit is required. There are three payment options to ensure all procedures performed during a visit are paid.

Please initial the billing option that you choose.

1. Cash plus Insurance: Pay \$50 for TPDN at the time of service, and have the remaining covered procedures billed to your insurance. This means that you are also responsible for whatever your insurance requires based on your benefits package (i.e. copay, co-insurance, and payment toward deductible).

I select Option #1: _____ Date: _____
Patient's or Representative's Initials

2. Limited Authorization***: Pay \$100 for the entire visit, including TPDN, at the time of service. Subsequent visits that do not include TPDN will be billed to your insurance. Since nothing gets billed to your insurance, none of your visits or payments count toward visit limitations, your deductible, or your out of pocket maximum. (Please note: this is based on a 30-minute appointment slot; the cost will be more for longer sessions).

I select Option #2: _____ Date: _____
Patient's or Representative's Initials

3. Limited Authorization***: Self-Pay Only***: Convert from Insurance to Self-Pay for your entire course of care: Pay \$100 for the entire visit, including TPDN, at the time of service. Since nothing gets billed to your insurance, none of your visits or payments count toward visit limitations, your deductible, or your out of pocket maximum. (Please note: this is based on a 30-minute appointment slot; the cost will be more for longer sessions).

I select Option #3: _____ Date: _____
Patient's or Representative's Initials

Staff Signature: _____ Date: _____

PLEASE NOTE: Options #2 and #3 cannot be applied to Medicare or Medicare Replacement Plans