Informed Consent

3 Dimensional Physical Dry Needling Liability Waiver

IN ACCORDANCE WITH THE STATE BOARD OF PHYSICAL THERAPY EXAMINERS LAW, THREE DIMENSIONAL PHYSICAL THERAPY PRACTITIONERS WHO OFFER DRY NEEDLING* SERVICES MEET THE REQUIREMENTS OF SUBSECTION A OF SECTION 3 OF P.L.2021, C. 382 (C.45:9-37.34J). THIS SERVICE SHALL NOT BE DELEGATED TO A PHYSICAL THERAPY ASSISTANT OR STUDENT PHYSICAL THERAPIST. IF YOU WISH TO SEE THE APPROPRIATE CREDENTIALING THAT CERTIFIES YOUR CLINICIAN TO PRACTICE DRY NEEDLING IN THE STATE OF NEW JERSEY, PLEASE ASK TO SEE THE NECESSARY DOCUMENTATION.

*DRY NEEDLING IS A TECHNIQUE USED IN THE PRACTICE OF PHYSICAL THERAPY TO TREAT MYOFASCIAL, MUSCULAR, AND CONNECTIVE TISSUES FOR THE MANAGEMENT OF NEUROMUSCULAR PAIN AND MOVEMENT DYSFUNCTION. DRY NEEDLING TECHNIQUE SHOULD NOT BE CONFUSED WITH AN ACUPUNCTURE TREATMENT PERFORMED BY A LICENSED ACUPUNCTURIST.

THIS PROCEDURE IS AN OUT-OF-POCKET EXPENSE THAT IS A PATIENT RESPONSIBILITY. DRY NEEDLING WILL NOT BE BILLED TO INSURANCE OF ANY KIND.

NAME:_____ DATE:_____

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The following is a list of conditions that are relative contraindications to dry needling therapy. Please check all that apply.

- ☐ Spontaneous bleeding or bruising
- ☐ Irregular heart beat
- ☐ Tendency to bleed (taking anticoagulant therapy)
- ☐ Compromised immune system
- ☐ Previous adverse reaction to acupuncture or dry needling therapy
- ☐ Seizure induced by previous medical procedure
- ☐ Unstable diabetes
- ☐ Unstable angina
- ☐ Congenital or acquired heart valve disease
- ☐ Recent cardiac surgery or congestive cardiac failure
- ☐ Recent radiotherapy
- ☐ Varicose veins
- ☐ Malignancy
- ☐ Hematoma
- ☐ Pregnancy*
- ☐ Eczema or psoriasis
- ☐ Peripheral neuropathy
- ☐ Recurrent infections
- ☐ Epilepsy--stable or unstable or schizophrenia
- ☐ Chronic edema or lymphedema
- ☐ Depression
- ☐ Chronic fatigue
- ☐ Acute cardiac arrhythmias
- ☐ Open skin wounds or injuries
- ☐ Allergy to Nickel or Chromium
- ☐ Human Immunodeficiency Virus (HIV)
- ☐ Hepatitis B or C
- ☐ None of these apply

Initial here if none apply _____

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Absolute Contraindications:

- Sepsis, tetanus, active cancer, any other widespread systemic issue.

*Pregnancy: Those who are pregnant or suspect they may be pregnant, should disclose this information to the practicing therapist. Pregnancy before the 1st trimester is considered an absolute contraindication in all settings and professions. After the 1st trimester, pregnancy is a relative contraindication and there are many practitioners who needle pregnant patients. As a patient, you will need to make your own decision on whether or not you will receive dry needling after the 1st trimester.

I, _____, am/am not pregnant.

Initials:_____

Please contact us if you have had cosmetic or surgical implants inserted into your body including but not exclusive to breast, buttock or pectoral implants. We strongly advise that you consult your medical doctor if you have any of these conditions to confirm that it is safe for you to receive the treatment. If you are in any doubt please do not hesitate to contact us.

The possible risks and adverse reactions to dry needling therapy include but are not limited to temporary pain, bleeding, bruising, infection, dizziness, nerve injury, pneumothorax, pregnancy termination, blood pressure changes, rash, fainting, muscle soreness & fatigue.

The article listed below outlined the incidence of the following Adverse Effects (AE). Mild or moderate AEs included bruising (7.55%), bleeding (4.65%), pain during treatment (3.01%), and pain after treatment (2.19%). Uncommon AEs include aggravation of symptoms (0.88%), drowsiness (0.26%), headache (0.14%), and nausea (0.13%). Rare AEs: fatigue (0.04%), altered emotions (0.04%), shaking, itching, claustrophobia, and numbness (0.01%). Serious Adverse Events (AE's): pneumothorax, cardiac tamponade & damage to organs (<0.04%). Brady, S. et al. Journal of Manual and Manipulative Therapy 2013 VOL. 000 NO. 000 (2013).

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My signature below affirms the following statements.

There is some risk involved in any procedure that involves inserting needles of any kind into the body. I understand hematomas can develop secondary to needle insertion. The possibility of accidentally inserting a needle into a nerve also exists. I am also aware that vasovagal reactions sometimes occur, resulting in fainting. Infections, though rare, have been reported. It is possible to puncture organs (for example, lungs) or blood vessels. The most serious risk, although it is extremely rare, is pneumothorax secondary to lung puncture. I understand that relatively benign and rarely more serious adverse events may occur. I also understand the risk of serious harm is highly unlikely.

My signature below also signifies that I understand the relative risks and benefits of dry needling, and wish to receive treatment from a licensed clinician. I am willing to participate in this method of treatment and will allow needles to be inserted into my body. By agreeing to this, I also release 3 Dimensional Physical Therapy, and all participants from any liability both during the treatment and in the future.

Initials:_____

Date: _____

Signature: _____

Parent/Guardian Signature:_____

Dry Needling Self-Pay Acknowledgment

Dry needling is a technique used within the practice of physical therapy to treat myofascial, muscular, and connective tissues for the management of neuromuscular pain and movement dysfunction. Dry needling is not the same as acupuncture and should not be confused with an acupuncture treatment performed by a licensed acupuncturist.

I understand that I have the option to receive dry needling as a standalone, self-pay service at any 3Dimensional Physical Therapy (3DPT) location, including locations in New Jersey, Pennsylvania, and Delaware.

Standalone Self-Pay Dry Needling Services

I understand that self-pay dry needling services are available at the following rates:

- Initial dry needling evaluation: $125
- Follow-up dry needling sessions: $85 per visit

These standalone dry needling services are an out-of-pocket expense and will not be billed to my insurance company, submitted for reimbursement, or applied toward my insurance benefits. I understand that I am personally responsible for payment of these services.

Dry Needling as an Adjunct to Traditional Physical Therapy Services

If I choose to receive dry needling in conjunction with traditional physical therapy services, I understand that the dry needling service is an additional cash-based service provided separately from my insurance-billed physical therapy treatment. The cash-based dry needling fee is $45 per session and is due in addition to any copayment, coinsurance, deductible, or other patient responsibility associated with the traditional physical therapy services provided on the same date of service.

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This fee is a separate, non-insurance-billed charge that covers costs associated with dry needling supplies, including sterile needles and appropriate disposal, as well as the additional specialized training, continuing education, and ongoing maintenance of professional certification required to provide dry needling services. This fee is not submitted to or reimbursed by the patient's insurance carrier.

By signing below, I acknowledge that I have been informed in advance of the costs associated with dry needling services, understand that standalone dry needling services will not be billed to my insurance company, and voluntarily elect to proceed with the selected treatment option.

Patient Name: _____

Patient Signature: _____ **Date:** _____

3DPT Provider/Representative: _____

Date: _____