 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method for follow up contact phone text e-mail

Contact information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies None Latex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experiencing** any (circle) pregnancy, general change in health, vertigo/dizziness ,nausea/vomiting, headaches, fever, shortness of breath, changes in bowel or bladder, general weakness, night pain, unexplained weight loss or gain, difficulty swallowing, change in appetite, suicidal ideation or intent

**Personal history** of (circle yes, line out no):

cancer diabetes high blood pressure heart disease stroke rheumatoid arthritis blood clotting disorders

**Immediate family history**  of (circle yes, line out no):

cancer diabetes high blood pressure heart disease stroke rheumatoid arthritis blood clotting disorders

**Primary complaint** includes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location** (Left Right ) Circle all that apply (circle L and R if both)

Foot Ankle Shin Knee Thigh Hip Low back Middle back Neck Head Shoulder Elbow Wrist

L R L R L R L R L R L R L R L R L R L R L R L R L R

**Symptoms**: pain (pressure, throb, stab, ache, burn) tension swelling numbness weakness instability mobility loss

**Cause of injury:** Not Known Fall Impact (by/ into object) Twisting Tug/pull Lifting Overuse Athletics Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has this been bothering you \_\_\_\_\_\_ days weeks months years (example 10 weeks)

Have you ever had a similar injury? Y N If yes what helped resolve the problem\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel your condition has been getting: Better / Worse / Staying the same

Pain rating (0=no pain 10= makes pass out) Current /10 Last 72 hours Worst /10 Best /10

Is your pain constant (no change even with activity) intermittent (comes and goes) variable (changes).

Symptoms are **alleviated with** walking massage stretching meds ice heat brace rest standing sitting lying down.

Symptoms **aggravated with**  bending running stairs lifting carrying sitting standing morning or afternoon other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

List 3 activities you have most difficulty doing because of your concern (0 no restriction 5-6 mod diff 9-10 unable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_ / 10

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_ / 10

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_ / 10

**Prior care** has included medication, bracing, exercises, manipulation, physical therapy, injection, surgery

Radiology studies: radiographs (x-rays), MRI, bone scan

What is your goal from physical therapy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O: Observation: Patient presents to the clinic in NAD. Gait is unremarkable antalgic. Edema + - Effusion + -

AROM :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROM :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manual Muscle testing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Tests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Palpation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Segmental screen N – normal T – tender F-firm, not tender

L C4/5 NTF C5/6 NTF C6/7 NTF C7/T1 NTF T1/2 NTF L L1 /2 NTF L2/3 NTF L3/4 NTF L4/5 NTF L5/S1 NTF R C4/5 NTF C5/6 NTF C6/7 NTF C7/T1 NTF T1/2 NTF R L1 /2 NTF L2/3 NTF L3/4 NTF L4/5 NTF L5/S1 NTF

Pt instructed in therapeutic exercise/HEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A physical examination of identified muscles revealed alteration or reproduction of the patient's symptoms with palpation. After obtaining written consent and reviewing risk and benefits of the procedure the patient agreed to dry needling of the trigger points. Universal precautions were utilized.

Dry needling of trigger points was performed over bony regions and specific care was done to avoid intercostals regions and/or neurovascular structures. Needling was completed with sterile solid filament needles, size No\_ (0.\_\_) x \_\_ mm to the following areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Light mobility and prior examination findings re-assessed post procedure

Response Pain /10 ROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Strength \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient tolerated the procedure well. Patient displayed no negative reaction, shortness of breath, bleeding, syncope or other complications post procedure. Patient independently rose from exam table and ambulated without complication.

Post-procedure precautions discussed. If patient has any redness in the area, fever, chills, nausea, vomiting, shortness of breath, patient is to go to the emergency department to rule out infection, allergic reaction or further complication.

A:

P: 1) Patient education on condition and treatment plan, POC, other options, prognosis, HEP. 2) Ther ex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3) Follow up \_\_\_\_\_\_\_\_\_\_\_\_.

Patient education materials given: handout Patient understands and agrees with treatment plan and goals

Pnt verbalizes/demonstrates understanding of plan

G: Short term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ days.

 Long term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ weeks.

John Lane Physical Therapist

Functional Dry Needling Consent Form

Functional Dry Needling (FDN also known as Intramuscular Manual Therapy) as defined by the Kansas physical therapy practice act involves placing a small needle into the muscle at a trigger point in order to cause the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms.

Your physical therapist trained by Kinetacore has met requirements for Level 2 (54 hours of training and over 800 treatments) competency in in Functional Dry Needling and is now considered a certified Functional Dry Needling Practitioner.  All training was in accordance with requirements dictated by Kansas.

FDN is a valuable treatment for musculoskeletal pain; benefits may include improved motion, strength, and pain at rest or with activity.  Like any treatment there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent to treatment.

RISKS ASSOCIATED WITH DRY NEEDLING:

Though unlikely there are other risks associated with this treatment.  The most serious risk of FDN 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 include bruising, infection, and nerve injury.  Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner.  Soreness is a common occurrence and commonly presents for up to 1 day. As the needles are very small and does not have a cutting edge, the likelihood of any significant tissue trauma is unlikely.

Alternative treatment options include foam rolling, instrument assisted soft tissue mobilization, stretching, and no treatment at all.

PROCEDURE:  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize John Lane to perform Functional Dry Needling for my diagnosis of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Please answer the following questions:   Are you pregnant? Yes No

Are you immunocompromised  Yes No

Are you taking blood thinners?  Yes No

I understand the potential risks associated with Dry Needling therapy and consent to this treatment procedure.  Consent may be withdrawn and treatment discontinued at any time. Responsibility for treatment provided at independent work sites is held by The 2nd Look and is absolved by the hosting business.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_