

Dry Needling and Cupping Consent Form

Dry Needling (DN)

DN is a technique that involves the insertion of acupuncture needles into the soft tissues of the musculoskeletal system as a means to promote healing within the body. Treatment techniques are based on concepts of modern medicine and should not be considered acupuncture. Risk of injury is real and potential complications could result from DN if proper precautions are not observed. Pneumothorax could result from the insertion of a needle into lung tissue; if DN is practiced properly, threat of pneumothorax is extremely low.

Other complications that could result from DN:

Bleeding, bruising, infection or nerve injury.

During a DN treatment you may experience temporary:

Pain, sweating, nausea, anxiety, dizziness, pain referral or muscle twitch.

After a DN treatment you may experience temporary:

Muscle soreness, muscle tightness, paresthesia or joint stiffness.

Cupping

Cupping is a technique that utilizes negative pressure to stretch superficial structures in the human body including skin, fascia and muscle tissue. The purpose of this technique is to increase microcirculation of the aforementioned soft tissue structures to enhance the healing process in the human body. Cupping will cause bruising and temporary marks on the skin. More severe complications could result in blistering of the skin.

Contraindications to Dry Needling and Cupping:

Vascular disease
Bleeding or clotting disorder
Taking blood thinners
Diabetics with significant sensory and/or circulation disorders
Pregnancy
Skin cancer (over affected area)

I have read the above; I understand the risks involved with dry needling and cupping. I have had the opportunity to ask any questions I had and all of my questions have been answered. Please be advised that there is an additional charge for these services in addition to your copay or deductible as they are not covered by insurance at this time. The fees are as follows:

- \$85.00 fee for initial treatment
- \$40.00 fee for follow up treatment

I consent to treatment at Better Chiropractic, including dry needling and/or cupping.

Signature: _____

Date: _____

Print Name: _____