

Dry Needling

Patient information and informed consent

What is dry needling? Dry needling is the use of sterile, disposable acupuncture needles to treat musculoskeletal pain and dysfunctions. However, there are no other similarities with the classic form of acupuncture. Myofascial trigger points and fasciae are treated with dry needling.

The course of a therapy: During dry needling, a specially trained physiotherapist, doctor or another medical practitioner who is eligible to perform dry needling, pierces the trigger point with a sterile disposable acupuncture needle. The medical practitioner adheres to the Swiss guidelines for safe dry needling of the Dry Needling Association Switzerland (DVS). The guidelines are available on the DVS website - www.dryneedling.ch.

Possible side effects and complications: Physiotherapists who have been trained in dry needling according to the DVS guidelines have in-depth knowledge of anatomy, indications, contraindications and hygiene regulations. Dry needling is used taking all safety and precautionary measures into account.

Despite proper execution of dry needling, side effects can occur. The most common side effects include a local hematoma at the site of treatment and a feeling of sore muscles at the treated areas, which can last for a few days. Treatment with dry needling can also lead to the following, very rare complications: autonomic symptoms e.g. dizziness and fainting, infections, allergic reactions e.g. on nickel, damage to internal organs e.g. the lungs, injuries to nerves or blood vessels, and the broken needle. As mentioned, all of these complications are extremely rare and are only listed here for the sake of completeness.

Declaration of consent from the patient: I confirm that I have received sufficient information about the significance and possible risks of the treatment to be carried out (dry needling). I was given enough opportunity to ask possible questions and received comprehensible answers. I agree to the treatment (dry needling) being carried out.

Name / First Name: Date of birth:

Place and date: Signature of patient: