

Dry Needling Precautions and Contraindications

Contraindications

Cosmetic surgical implants (breast, pectoralis, etc.)
Local or systemic infections
Pregnancy; dry needling the trunk/torso

Precautions

Blood/Circulation Disorders

Spontaneous bleeding or bruising, tendency to bleed
Taking anticoagulant therapy
Thrombocytopenia
Hematoma

Cardiac Conditions

Irregular heartbeat/Arrhythmias
Unstable angina
Congenital or acquired heart valve disease
Recent cardiac surgery or congestive cardiac failure
Pacemaker
Implanted defibrillator

Other Conditions

Allergy to Nickel or Chromium
Chronic fatigue
Chronic edema or lymphedema
Communicable blood diseases. Ex. HIV, Hepatitis B or C
Compromised immune system
Depression
Diabetes - unstable
Epilepsy
Eczema or psoriasis
Hyperalgesia or allodynia
Malignancy
Open skin wounds or injuries
Peripheral neuropathy
Previous adverse reaction to acupuncture or dry needling therapy
Recent surgery where the joint capsule has been opened; cannot direct the needle toward the joint.
Recent radiotherapy
Recurrent infections
Schizophrenia
Seizure induced by previous medical procedure
Varicose veins
Vascular disease



Description of Dry Needling in Clinical Practice

An Educational Resource Paper American Physical Therapy Association, 2013

“Dry Needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling (DN) is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and, diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation.”

Safe DN practice includes the knowledge, skills, and attributes to perform the technique, which at a minimum incorporates appropriate patient selection, creation of a safe and comfortable environment, assessment of one’s own capacity to provide the treatment (e.g., time constraints, stress, fatigue), safe handling of needles, handling and positioning of the patient, anatomical knowledge, appropriate needle technique (direction and depth), and appropriate monitoring of the patient both during and following treatment.

Regarding patient selection, DN is appropriate for nearly all patients who present with any of the indications for DN. Clinicians must recognize when patients present with significant needle phobia or other anxiety about being treated with needles. Clinicians must decide on an individual basis whether a patient with needle phobia or significant anxiety is an appropriate candidate for DN. If DN treatment is perceived as a threatening input, it is unlikely to be therapeutic. In any case, to be considered for DN, patients must be able to communicate with the provider either directly or via an interpreter and they must be able to consent to the treatment.

Caution is warranted with younger patients. Based on empirical evidence, DN is not recommended for children younger than 12 years of age. When treating children, DN should only be performed with parent and child’s consent. Care should be taken assuming a child understands the procedure.



DRY NEEDLING CONSENT FORM

Physical therapists use dry needling to manage pain and movement impairment.

Procedure: Dry needling involves Insertion of thin filiform needles into muscle and other tissues below the skin. Often this involves insertion into a “trigger point,” or a tight band of muscle tissue within a larger muscle group. Trigger points are often tender to the touch and can refer pain to other parts of the body. The goal is to release trigger points and relieve pain. **Dry needling is NOT acupuncture.**

Potential benefits of dry needling:

Decreased pain and muscle tension.

Improved biochemical and electrical functioning of the nerves that transmit electrical impulses to muscles.

Accelerates the return to active rehabilitation.

Potential risks of dry needling:

Soreness, redness, bruising, minor bleeding, hematoma (a collection of blood under the skin) muscle cramps and fatigue. These may last a few hours to a few days. Few patients experience fainting.

Uncommon and unexpected side effects:

Aggravation original symptoms, nausea, shaking, dizziness, numbness, itching, allergic reaction to the needles, or altered emotions. Infection, pain associated with nerve irritation, organ puncture (such as pneumothorax or collapsed lung) and pregnancy termination.

Consent to treatment:

I understand the risks involved with dry needling. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I have read and understand the list of precautions and contraindications to dry needling provided by T3 Physical Therapy. I consent to the use of dry needling as a part of my physical therapy. I wish to proceed with dry needling.

Patient's Signature

Date

Patient's Name (Please print)

Parent/Legal Guardian (If patient is a minor)

Therapist affirmation:

I have explained the procedure indicated above and its risks, complications, and possible side effects to the patient, who has indicated understanding thereof and has consented to its performance.

Therapist Signature

Date