

INTRAMUSCULAR STIMULATION CONSENT AND REQUEST FOR PROCEDURE

Intramuscular Stimulation (IMS) involves inserting a fine, flexible needle in a muscle or muscles in order to release shortened bands of muscles and decrease trigger point activity. This can help resolve pain and muscle tension, and will promote healing.

IMS is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

Risks: The most serious risk with IMS is accidental puncture of lung (pneumothorax). If shortness of breath is experienced after treatment, you must seek medical attention and also notify your IMS practitioner. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection, and/or nerve injury. Bruising is a common occurrence and should not be a concern. IMS may cause an increase in pain for one or two days, followed by an improvement in the overall pain state. The increased pain is related to overactive and sensitive muscle bands that have not been released. Mild heat may help relieve post-treatment soreness.

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required/needed, thus this consent will cover this treatment as well as consecutive treatments by this facility. I have read and fully understand this consent form and understand that I should not sign this form until all items, including questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of the procedure. I also consent to any measures necessary to correct complications which may result.

Procedure: I, _____ authorize _____ to perform IMS for my diagnosis of _____.

Please answer the following questions:

Are you pregnant? Yes No **Are you immunocompromised?** Yes No **Are you taking blood thinners?** Yes No

Do you have a history of lymph node removal? Yes No

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

You have the right to withdraw consent for this procedure at any time before it is performed.

_____ Patient or Authorized Representative	_____ Date	_____ Time
_____ Relationship to patient (if other patient)	_____ (Patient name printed)	

Physical Therapist Affirmation: I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof, and has consented to its performance.

_____ Physical Therapist	_____ Date	_____ Time
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