

## IMS Consent Form

Intramuscular Stimulation (IMS) involves inserting fine, flexible and sterile needles (acupuncture needles) through the skin and into muscles where there are trigger points. These trigger points are typically in an area where the muscle is tight and sore. The intent is to cause the muscle to twitch and then release, thus improving the flexibility of the muscle and therefore decreasing the symptoms. No drugs are injected through the needles. Physiotherapists who utilize this form of needling have received extensive training for the appropriate technique and use of the needles.

**Potential Risks:** IMS is generally a safe method of treatment. While complications are rare, they do sometimes occur. This document describes the major risks of treatment, however other side effects may occur.

1. IMS may cause an **increase in muscle soreness** for 12 to 72 hours followed by an expected improvement in the overall pain state.
2. A needle may be inadvertently place into an artery or vein. If the artery or vein is punctures with the needle, a **small bruise** may develop.
3. If a nerve is touched, it may cause a **prickling or tingling sensation** which is usually brief, but may continue for up to a couple of days.
4. In rare cases, **dizziness or fainting** may occur.
5. In rare cases, an **infection may occur**. We mitigate this by wearing gloves, cleaning your skin with alcohol swabs and using new, disposable and sterile needles for each patient.
6. The most serious risk associated with IMS is **accidental puncture of a lung (Pneumothorax)**. This is a rare occurrence. If it were to occur, it would likely only require a chest x-ray. Most punctures resolve on their own. A more severe lung puncture could require hospitalization and re-inflation of the lung. If you feel any symptoms of pain or difficulty breathing after needling, contact your physiotherapist. You should seek medical attention from your physician or go to the nearest emergency room.

Patients are required to inform practitioners about conditions listed below prior to treatment:

Are/Do you currently:

- |                                   |     |    |
|-----------------------------------|-----|----|
| 1) Pregnant?                      | YES | NO |
| 2) Have hemophilia?               | YES | NO |
| 3) Taking blood thinners?         | YES | NO |
| 4) Have an infection of any kind? | YES | NO |
| 5) Have a cardiac pacemaker?      | YES | NO |
| 6) Have a positive HIV test?      | YES | NO |
| 7) Have hepatitis?                | YES | NO |

I have read the above, or have had the above read to me. I understand the risks involved with IMS. Alternate methods of treatment and their benefits/risks have been explained to me. I have asked any questions I have, and have had all of my questions answered. I consent to IMS.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Jacob Carter \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_