

INFORMED CONSENT FORM FOR THE APPLICATION OF THE DNHS® (Dry Needling for Hypertonia and Spasticity) TECHNIQUE

Procedure

Dry Needling for Hypertonia and Spasticity (DNHS®) is a dry needling technique that is used for the purpose of decreasing the spasticity and hypertonia of patients with central nervous system damage and for the purpose of improving their functionality.

The treatment consists in the application of the DNHS® technique according to the proposed treatment protocol and the specific diagnostic criteria, following the indications, application criteria and diagnostic and confirmatory criteria pertaining to the technique.

The application of the technique is performed with dry needling needles, similar to those used in acupuncture and without injecting any substance into the body.

The effectiveness of the technique is based on the effects produced on two levels:

1. On the peripheral level, at the dysfunctional motor plates responsible for the excessive muscular activity of the patient. The DNHS® technique acts similar to other dry needling techniques by causing the destruction of these dysfunctional end-plates, which become repaired approximately 7 to 10 days later.
2. At the level of the CNS, via a neuromodulatory effect produced after the appearance of a local twitch response (LTR) or global twitch response (GTR).

Together with this treatment, a physiotherapist will teach the patient to perform several functional exercises to will be performed at home and reviewed by the physiotherapist in order to ensure correct performance.

Alternatives

I understand that the application of the DNHS® technique implies dry needling of different muscles. I understand what dry needling is and how it is performed. I have also been informed of the remainder of existing treatments for this type of pathology.

Risks

The application of the DNHS® technique has no proven secondary effect, although the patient may experience pain during the puncture and a mild to moderate post-puncture pain, generally lasting no more than one or two days. I am aware of the contraindications regarding the technique such as hypersensitivity, use of anticoagulants or epilepsy. I understand that the omission of information on my behalf may affect the risks or results of the technique.

I DECLARE that I have received clear and simple verbal information regarding the procedure that will be performed on me and that I have read this form. All my questions have been conveniently answered and I have understood all the information provided regarding the DNHS® technique. For this reason, freely and of my own will, according to the LOPD 15/99, I GRANT MY CONSENT for the physiotherapist specialized in the DNHS® technique to apply this technique and for the information obtained to be used in future studies always maintaining my anonymity and in support of research.

I also understand that at any time, and without the need for any explanation, I may revoke the consent that I here grant. I will be given a copy of this document if I so wish.

OBSERVATIONS:

Name of patient and ID N:

Name of legal tutor and ID N (if appropriate):

Physiotherapist board membership number:

Signature of the patient or legal tutor:

Signature of the physiotherapist: