

TRIGGER POINT INJECTION/INTRAMUSCULAR STIMULATION

Trigger point injection (TPI) is used to treat extremely painful and tender areas of muscle. Normal muscle contracts and relaxes when it is active. A trigger point is a discreet knot or tight, ropy band of muscle that forms when muscle fails to relax. The knot often can be felt under the skin and may twitch involuntarily when touched (called a jump sign). A small needle is inserted into the trigger point and a local anesthetic (e.g., lidocaine, procaine) or anti-inflammatory steroid is injected. Insertion of the needle inactivates the trigger point and thus alleviates pain. Additional treatment may be needed to achieve sustained relief.

Patient's
Initials

_____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.

_____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

_____ I understand and accept that the most likely material risks and complications of trigger point injection/intramuscular stimulation have been discussed with me and may include but are not limited to:

- *general disappointment*
- *infection*
- *needle breakage*
- *numbness*
- *pneumothorax with chest wall injections*
- *soft tissue swelling, bruising or hematoma formation*
- *trauma to nerves*
- *vasovagal reaction (fainting)*

_____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.

_____ I understand and accept the anticipated outcomes:

- *increased circulation to the muscles*
- *increased exercise tolerance*
- *increased pain threshold at the trigger point*
- *increased range of active and passive motion*
- *multiple sessions necessary*
- *pain reduction*
- *temporary increased muscle spasm*
- *temporary injection and postinjection pain*

_____ I have informed the doctor of all my known allergies.

_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.

_____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

_____ I am aware and accept that no guarantees about the results of the procedure have been made.

_____ I have been advised of the probable consequences of declining recommended or alternative therapies.

_____ I have been informed of what to expect poststimulation, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

_____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform the procedure of trigger point injection/intramuscular stimulation on

_____ at _____.
(patient name) (name of facility)

Continued

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (*circle one*) fully understands what I have explained.

Physician Signature/Date/Time

initial copy given to patient

initial original placed in chart

SAMPLE