



## Informed Consent for Trigger Point Injections

Trigger Point Injections (TPI) are 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, ropey band of muscle that forms when muscles fail to relax. The knot often can be felt under the skin and may twitch involuntarily when touched (jump sign). A small needle is inserted into the trigger point and a local anesthetic (e.g. lidocaine, procaine, bupivacaine) 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.

The details of the procedure have been explained to me in terms I understand.

Alternative methods and their benefits and disadvantages have been explained to me.

I understand and accept the most likely risks and complications of trigger point injections, which include but are not limited to:

- Pneumothorax/Collapsed Lung
- Infection
- Needle Breakage
- Numbness
- Trauma to Nerves
- Vasovagal Reaction (fainting)
- Soft Tissue Swelling, Bruising Or Hematoma Formation

I understand and accept that there are complications, including the remote risk of death or serious disability that exists 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 passive and active motion
- Pain reduction
- Multiple sessions may be necessary
- Temporary increased muscle spasm
- Temporary injection and post-injection pain

I have informed the physician of all my known allergies. I have informed the doctor of all medications I am currently taking, including prescription drugs, 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 have been informed of what to expect in the post-injection period, including but not limited to: estimated recovery time, anticipated activity level and the possibility of additional procedures. The physician has answered all of my questions regarding this procedure.

**I certify that I have read and understand this treatment agreement and that all the blanks were completed prior to my signature.**

I authorize my physician, with associates or assistants of his/her choice, to perform

the procedure of trigger point injections on \_\_\_\_\_(name).

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

\_\_\_\_\_  
Signature Patient or Legal Representative

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient or Legal Representative Name

\_\_\_\_\_  
Signature Witness

\_\_\_\_\_  
Date

I certify that I have explained the nature, purpose, benefits, 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 fully understands what I have explained.

\_\_\_\_\_  
Signature Physician

\_\_\_\_\_  
Date