

## Intramuscular Stimulation (IMS) Consent Form

Intramuscular Stimulation (**IMS**) uses a fine and flexible stainless steel needle to release tight painful bands of muscle caused by abnormal functioning of the nervous system. Complications with IMS needling are rare, but must be considered prior to giving consent to the treatment.

Any time a needle is inserted into the body, there is a risk of **infection**. Your physiotherapist will use a disposable sterile needle and clean your skin prior to its insertion, thereby minimizing the risk of infection.

As the needle is inserted, you may experience a muscle **twitch** and an **achy cramping sensation** through the area. These sensations are necessary to facilitate an overall therapeutic effect on your pain. However if the pain is sharp when the needle is inserted, please indicate so to your physiotherapist and an alternate insertion site will be chosen.

If the pain is sharp, a blood vessel may be inadvertently punctured and a **bruise** may develop. If a nerve or pain receptor is inadvertently punctured, the pain will also be sharp and a tingly sensation may be felt down the arm or leg. These complications are transient and will resolve.

When a needle is inserted into the muscles of your chest or upper back, there is a rare possibility of the needle puncturing a portion of the lung and causing a **pneumothorax** (air in the chest cavity). If you experience shortness of breath following IMS treatment in this region, it is advisable to seek immediate medical care. A pneumothorax is not fatal and will resolve with medical attention.

IMS may also cause a **temporary increase in your pain for a day or two**. As your post treatment soreness resolves, you should experience an overall improvement in your pain.

Your physiotherapist will request that the area being treated be adequately exposed for examination and treatment. Please inform your physiotherapist if you are pregnant, have had recent surgery, or are taking prescription blood thinners.

I have read the above and understand the risks involved with IMS treatment. I consent to examination and treatment.

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**Signature**

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**Date**