

What are Trigger Point Injections?

Trigger point injections help release the shortened muscle bands and fascial tissue that surrounds muscle caused by a dysfunctional nervous system from age, trauma and stress, and triggers a wide range of symptoms like pain, tightness, and associated weakness, reduced range of motion and mobility, numbness and cold sensations, pins and needles. Trigger point injections utilize sterile medical needles with local anesthetic lidocaine to target affected soft tissue and allow more blood supply with oxygen and nutrients to these small peripheral nerves. Most patients find an optimal response to treatment with reduction of symptoms, increased range of motion and mobility, and improved quality of life after 4-6 weekly sessions. Majority of patients do not require regular follow up appointments.

Side Effects

The common minor side effects include tolerable pain from the injection penetrating the skin and muscle band, grinding sensation from penetration of the thickened fascia, bleeding from the injection sites which stops in a few minutes, bruising, increased soreness or aggravation of symptoms for a few hours to days which is minimized by applying heat and resting.

Rare minor side effects include; paresthesia (prickling sensation from inadvertently penetrated nerve), nausea, muscle spasm caused by mild bending of the needle, bacterial skin infection. Light-headedness and unsteadiness on your feet resolves in a few minutes.

Rare major side effects may be; perforation of an organ (lung, bladder, bowel) or spinal cord (limb numbness, weakness, loss of bladder and bowel function). Perforation of the lung results in shortness of breath and chest pain, if these symptoms come on after treatment, please attend the local ER department by ambulance for treatment as this condition is readily treatable.

Immediate positive side effects may include pain relief, feeling looser in the tight areas, energized and the emotional release with tears or laughter. Long term positive benefits include pain reduction, increased range of motion, improved quality of life and for some a cure for their suffering.

What to expect?

The first visit is to review the history of complaints and perform an examination. Treatment starts on the first visit on most occasions. Follow up weekly treatments will be scheduled accordingly if needed.

Conditions

Inform your doctor if you are pregnant, have a pacemaker, hepatitis, HIV, hemophilia or bleeding disorders or take blood thinners like Aspirin, Warfarin or the newer blood thinners.

Preparation for Treatment

Before treatment - have a light meal, no smoking 1 hour before, no alcohol 4 hours before, take your normal pain medications and regular medications by your doctor; be well rested. Wear dark clothing.

After treatment - rest for 2 hours, have a moderate activity schedule for the next 2 days if possible to allow the body to recover. Postpone your regular exercise routine in the first week then slowly introduce exercise as the treatments progress depending on your response. Apply heat to sore areas and take regular pain medications for pain relief. No alcohol or coffee for 2 hours after treatment.

Consent for Trigger Point Injections Treatment

1. I, _____ DOB _____ Care Card# _____ do hereby authorize Dr. _____ and the staff of iHealthMD to carry out all examinations, diagnostic procedures and treatments and to administer all medications deemed necessary that relate to Trigger Point Injections.
2. The purpose, nature and risks and benefits of the foregoing procedure(s), as well as available alternatives and the consequences of not having treatment, have been explained to me by the doctor/provider named above to my satisfaction. I accept the risks outlined in the information sheet provided.
3. I agree that the doctor/provider named above may use the help of other doctors, medical residents, authorized students and clinic staff as he or she considers appropriate.
4. I understand that iHealthMD may be involved in medical teaching and that authorized medical students may be involved in or observe my care.
5. For the health and safety of healthcare providers, I agree to testing for Hepatitis B&C and/or HIV if a staff member is exposed to my blood or body fluids during my treatment. I understand that the results of these blood tests will be shared with my physician. I am aware that certain infectious diseases must be reported to the regional Medical Health Officer, who may trace contacts as permitted by legislation.

Have you had any of the following blood born/ transmitted infections? Please check what applies to you.

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> HIV | <input type="checkbox"/> Hep C |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Hep A | <input type="checkbox"/> No/None |
| <input type="checkbox"/> Hep B | |

I agree that I have read and fully understood the above consent, that I have had the opportunity to ask questions and that the explanations referred to in this document were made.

Signed: _____ this _____ day of _____ 20____ at _____ hrs.

Print name: _____
(Patient or person legally authorized to give consent. If not patient indicate relationship to patient)

Physician signature: _____