



ELIXIA wellness group

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INFORMATION AND CONSENT FORM for INJECTIONS

This form is designed to allow the patient to have information about the procedure or procedures they are scheduled to receive. If you have read and understand the information provided below, please sign at the end of this form. If you have questions, please ask the staff for assistance.

Uncommon reactions to injections may include significant inflammation at the injection site. This can produce significant pain. **Extremely rare reactions** include allergy to the injected material that may require emergency treatment, and such allergic reactions have the potential to be fatal. These types of reactions are no more common in trigger point injections than in the dental setting. Even more rarely, infection formation at the injection site. Initial _____

TRIGGER POINT THERAPY

Trigger point injections are typically placed into muscle areas that have been injured, and/or have long term spasm problems. These areas often generate pain that can refer to other areas. These injections typically contain anesthetic (similar to that used by dentists), and commonly magnesium for muscle relaxation, vitamin B-12, homeopathics, and possibly saline solution.

Common reactions are: Muscle relaxation and pain relief. Local tenderness and tight feeling in the muscle after injection that may last up to 24 hours. An achy feeling in the vicinity of the injection is often noted that may last for up to 48 hours.

After treatment care includes: Ice to affected areas for pain, keeping the injected muscles moving as much as possible after the injections, and over-the-counter pain medication if needed. Alternating heat and ice can be helpful in the case of swelling. Initial _____

LIGAMENT AND JOINT INJECTIONS

Ligament and joint injections may be placed deep and close to the bone, in efforts to help repair or regenerate damaged tissue. The injections are intended to create localized, focal inflammation to help restimulate repair mechanisms. These injections typically contain anesthetic (similar to that used by dentists), a proliferant (dextrose or PRP), and possibly homeopathic solutions.

Platelet Rich Plasma (PRP): Platelet Rich Plasma is a component of your own blood, which contains growth factors, which are known to stimulate soft tissue healing. It is sterily processed from your blood and is therefore safe from transmission of diseases from others. To process PRP, 20-60ml of blood (approximately .7-2oz) will be drawn from a vein using an aseptic technique. Your blood will be processed in an FDA approved device in fifteen minutes. It will be activated and added to your injured site to assist healing. Initial (for PRP only) _____

Common adverse reactions are: Local tenderness and tight feeling in the joint and associated muscles after injection that may last up to 72 hours. Often, a generalized achy feeling in the vicinity of the injection is noted that may last for 72 hours. Depending on the formula used for the injection (and the location of the injection), there may be more or less swelling and inflammation after the injection. In the acute phase (4 to 24 hours after injection) the swelling may cause restricted range of motion and significant to severe pain.

After treatment care includes: Most patients use ice, and Tylenol type pain relievers for this pain. Some need stronger pain relievers including narcotic pain medicines. **Do not use anti-inflammatory medications (aspirin, ibuprofen, etc) or any other steroidal (Cortisone type) or non-steroidal medication unless directed to by us, as this will often interfere with the purpose of the injection.** Tylenol type products (acetaminophen) are fine to use.

Avoid extreme stress to the joint affected (deep squats for knees, etc) for the first 3-4 days following treatment, but try to maintain gentle movement within your pain range as soon as possible. Avoid 'splinting' or immobilizing the treated area. Initial _____

I have read, and understand the risks and benefits of injections, and wish to proceed with those therapies initialed above:

Patient Signature: _____

Date: _____