General Explanation and Consent to Physical Therapy Treatment

Thank you for choosing Manual Edge Physiotherapy. Your physical therapist will do everything in his or her power to assist in resolving your condition. Before we get started it is important for you to have an understanding of what your treatment will involve.

The physical therapy used at Manual Edge is referred to as Orthopedic Manual Therapy. This is a specialized form of physical therapy utilized to treat musculoskeletal pain and dysfunction. The techniques will be applied to specific areas of the body to affect a therapeutic response. This is designed to result in improved mobility and a decrease in pain, though some temporary soreness can be expected as the body responds to musculoskeletal changes. At times musculoskeletal soreness can actually be a very good sign that your body is changing over time.

The manual therapy techniques involve the therapist placing his or her hands on various parts of the body including, but not limited to, the head, neck, back, chest, stomach, pelvis (front and back), arms, and legs. This is necessary for a thorough evaluation and treatment of your condition. Please notify your therapist if you have any questions or concerns regarding your treatment.

1. I understand the purpose of the care and reasonable alternative forms of therapy, risks of the recommended and alternative care, and the risks of foregoing this care have been fully explained to me and are understood by me, and that I may discontinue treatment or revoke this consent at any time.

2. I recognize that the practice of physical therapy is as much an art as a science, and therefore acknowledge that no guarantee has been or can be made regarding the likelihood of success or outcome of any therapy.

3. I have read the above and I certify that I have had an opportunity to discuss the contents herein to my satisfaction. By signing below, I am hereby requesting and consenting to physical therapy.

Date:______________________  Patient:____________________________

Witness:____________________________