

Manual Therapy Consent Form

Manual Therapy is a clinical approach utilizing specific hands-on techniques, including but not limited to manipulation/mobilization, massage therapy, stretching, exercises, acupuncture and dry needling, to treat soft tissues and joint structures for the purpose of modulating pain; increasing range of motion (ROM); reducing or eliminating soft tissue inflammation; inducing relaxation; improving contractile and non-contractile tissue repair, extensibility, and/or stability; facilitating movement; and improving function.

Risks of the procedure:

Though unlikely there are risks associated with any type of manual therapy. These include bruising, infection, and injury to a superficial nerve. Please notify your provider if you have any conditions that can be transferred by blood. If acupuncture / dry needling is determined to be the appropriate treatment modality then we will employ the use of sterile, single use acupuncture needles. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma is very slim. Bruising is the most common side effect and is seen more often when the patient is on blood thinners.

Please circle

1. Do you have any know disease or infection that can be transmitted through bodily fluids?
Yes / No
2. Are you or could you be pregnant? Yes / No
3. Are you currently taking anticoagulant medications? (blood thinners) Yes / No
4. Do you have a pace maker? Yes / No

Patient Name: _____

Date of Birth: _____

Date: _____

Signature to consent for Manual Therapy treatments: _____