



**Sara Jill Manwiller, INC**

## **INFORMED CONSENT**

Physical therapists, chiropractors, medical doctors, and osteopaths who perform manual techniques and/or modalities are required by law to obtain your informed consent before starting treatment.

I, \_\_\_\_\_, do hereby give my consent to the performance of conservative noninvasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/adjustments, stretching, joint mobilizations, myofascial release, and osteopathic manual medicine. Exercises, ultrasound, muscle electric stimulation, heat and/or ice may also be used.

Although physical therapy, including but not limited to, the techniques listed above are considered to be one of the safest forms of therapy for neuromusculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures. These complications are as follows:

Soreness/Bruising: I am aware that, like exercise, it is common to experience muscle and joint soreness and occasionally bruising in the first few treatments.

Dizziness: Temporary symptoms like dizziness and nausea can occur, but are relatively rare.

Fractures/Joint Injury: I further understand that in isolated cases, underlying physical defects, deformities or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disc, or other abnormality is detected, the therapist will proceed with extra caution.

Stroke: Although strokes happen with some frequency in our world, strokes from manipulation are rare. I am aware that nerve or brain damage including stroke is reported to occur once in a million to once in ten million (1:1,000,000 to 1:10,000,000) treatments. Once in a million is about the same chance as getting hit by lightning. Once in ten million is about the same chance as a normal dose of aspirin or Tylenol causing death.

Special tests have been or will be performed on me to minimize the risk of any complication from treatment and I freely assume these risks.

### **TREATMENT RESULTS**

I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasms and restrictions. However, I appreciate there is no certainty that I will achieve these benefits.

I realize that the practice of medicine, including physical therapy, is not a perfect science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

I agree to the performance of these procedures by my therapist.

### **ALTERNATIVE TREATMENTS AVAILABLE**

Reasonable alternatives to these procedures have been explained to me including rest, home applications of heat/cold therapy, prescription or over-the-counter medications, exercises, and possible surgery.

Medications: Medication can be used to reduce pain or inflammation. I am aware that long-term use or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate short-term relief, undesirable side effects, physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks.

Rest/Exercise: It has been explained to me that simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice heat, or other home therapy. Prolonged bed rest contributes to weakened bones and joint stiffness. Exercises are of value, but are not corrective of injured nerve and joint tissues.

Surgery: Surgery may be necessary for joint instability or serious disk rupture. Surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery.

Non-treatment: I understand the potential risks of refusing or neglecting care may include increased pain, scar/adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthy.

**I have read or had read to me the above explanation of physical therapy treatment. Any questions I have had regarding these procedures have been answered to my satisfaction PRIOR TO MY SIGNING THIS CONSENT FORM. I have made my decision voluntarily and freely.**

To attest to my consent to these procedures, I hereby affix my signature to this authorization for treatment.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian (if a minor) Date \_\_\_\_\_