



**PATIENT CONSENT FOR PHYSICAL THERAPY
WITH REGER PHYSICAL THERAPY AND
ACKNOWLEDGMENT OF RISKS INVOLVED**



I have been informed of and acknowledge that participation in physical therapy ("PT") involves a patient like me moving injured limbs and portions of my body and torso, sometimes with the assistance of equipment and devices. I understand physical therapy involves moving through a range of motion, attempting to strengthen, manipulation, massage, and sometimes ultrasound and electrical stimulation modalities, all of which can be hazardous and have the potential to seriously injure me.

It has been emphasized that my participation in PT is voluntary, and I have the option of not participating. Instead, I may contact my physician or other health care provider and ask for some other form of treatment that may be less risky. I specifically understand that the extent of my participation in PT is guided primarily by my body's response and my verbal feedback to each therapy modality and that my participation may reinjure whatever body part that is being treated. I understand PT may cause new and independent injuries that I did not have before beginning PT.

I have been informed that my physical therapist and this facility does not guarantee that there will be no equipment breakage or failure during my PT, or that treatment modalities, such as the ultrasound machine and/or electrical stimulation device, will not worsen my condition rather than improve my condition. I understand my physical therapist is not responsible for the electrical or mechanical devices breaking while being used on me, or by me.

I understand this treatment is entirely elective, and that participation in this PT might significantly worsen my condition or injury for which I am seeking treatment. I have been informed that the injuries that may occur as a result of my participation in PT include, but are not limited to: damage to muscle, nerve or connective tissue; swelling; stiffness; pain; suture reaction or suture failure (necessitating more surgery); bleeding; delayed healing; scarring; recurrence of the problem I am being treated for, requiring additional treatment and/or operations, and other unforeseen consequences and risks including, but not limited to, the risk of paralysis and/or an unusual injury or reaction resulting in my death.

I acknowledge that no guarantees or assurances have been made about any results that may be obtained from my participation in PT and the use of these treatment modalities.

I promise to advise my physical therapist, or his or her designated assistant or aide, of any changes in my physical or mental health prior to, or during, each PT session. I also promise to advise him or her immediately if I experience any significant pain during the treatment or use of modalities or exercises I am asked to perform. I understand that I am to stop whatever I am doing or is being done to me immediately if I feel any significant pain.

I agree that I will not utilize any treatment modality, whether weights, weight machines, balance balls, elastic strength bands, treadmill, exercise bikes, etc., if I do not fully understand how to use them, or if using them causes me significant pain or concern for my safety.

All of my questions have been fully answered and I still wish to participate in PT at this facility. I understand I can cross off any portion of this document that I do not agree with or that I believe is incorrect. I also understand that if I do not sign this, Reger Physical Therapy reserves the right to refuse to treat me, but will not automatically do so. I have been informed that if Reger Physical Therapy declines to provide therapy to me, they will refer me back to my physician and will also provide me with the names of other licensed physical therapists in Anchorage whom I can contact.

Participant/Patient Name

Date

Witness

Date