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Informed Consent For Physical Therapy Treatment

Dear Valued Patient,

Physical therapy involves the use of many different types of physical evaluation and treatment techniques, almost entirely centered around *movement*. As with all forms of medical treatment, there are benefits and risks involved with physical therapy interventions. Since the physical responses to a specific treatment can and do vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure.

Physio PDX uses a methodic approach to treatment based on basic scientific inquiry called Test-Retest. We assess you, treat you, and then reassess to measure the impact of your treatment. You then receive a personalized treatment plan to approach your unique condition. We utilize Test-Retest throughout your care, which allows your treatment plan to be flexible and adapt to your needs as you improve.

Physio PDX is not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition for which you are seeking treatment. There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions. We do our best to help you avoid these risks by conducting a solid medical history intake and regular reassessment of your condition at each consecutive visit. Following our test-retest principles, we will not continue to try an intervention that appears to have negative or neutral effect on your condition.

Therapeutic exercises and manual therapy techniques such as joint mobilization or manipulation are an integral part of most physical therapy treatment plans. Exercise and Manual Therapy both have inherent physical risks associated with them for a variety of reasons, most of which will largely depend on your condition and the specific intervention in question.

You are strongly encouraged to exercise your right to participate in deciding with your physical therapist what type of treatment you will receive based on your history, diagnosis, symptoms and testing results. Your therapist will be more than happy to answer any questions you may have regarding specific risks associated with the type of exercise or manual intervention you will receive.

Please remember: You always have the right to decline any portion of your treatment at any time. Your comfort and willingness to be treated are paramount. You are the only person that can feel what you are going through, and Physio PDX expressly honors your right to assert your own will on what you do or don't receive from our clinic.

I, the undersigned, acknowledge that my treating therapist at Physio PDX has explained my treatment program, and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.

Print: _____ Sign: _____ Date: _____