

## INFORMED CONSENT for PHYSIOTHERAPY

### Please Read Carefully

I, undersigned, do hereby give my voluntary consent for the administration of Physiotherapy deemed appropriate by my treating Physiotherapist.

I understand that Physiotherapy treatments may include an individualized exercise prescription and various forms of manual therapy techniques such as mobilization, manipulation, soft tissue release and stretches. Treatments may also include modalities such as heat, ice, therapeutic taping, ultrasound, laser, TENS, interferential current, shock wave and electric muscular stimulation. Other treatment options include acupuncture/dry needling, that involve the insertion of single use, sterile, disposable needles through the skin, into the underlying muscles.

I understand that the primary goals of Physiotherapy treatments are to help reduce my pain and improve my mobility, strength, endurance, function and quality of life.

I understand that there are very small possibilities of risks or complications that may result from the above listed treatments. I do not expect the Physiotherapist to anticipate all the possible risks and complications. I wish to rely on the Physiotherapist to exercise proper judgment during the course of treatment to make decisions based upon my best interest.

#### **Potential small but possible risk factors:**

**Manual therapy:** Joint and/or muscle soreness

**Exercise therapy:** Joint and/or muscle soreness

**Electrical modalities:** Minor skin irritations such as redness or rash

**Therapeutic Taping:** Minor skin irritations such as redness or rash

**Acupuncture/Dry Needling:** Minor soreness, bleeding or bruising, nausea, fainting, infection, shock convulsions, possible perforation of internal organs, stuck or bend needles, and fetal distress in pregnant women

**Pelvic health physiotherapists are rostered:** For the purpose of assessing or rehabilitating pelvic musculature relating to incontinence or pain disorders, putting an instrument, hand or finger, i. beyond the labia majora, or ii. beyond the anal verge

#### **For most conditions an internal (vaginal/rectal exam) is conducted to:**

- Assess the tone, strength, endurance, and coordination of the pelvic floor muscles and integrity of surrounding tissues
- Provide treatment strategies to the pelvic floor muscles and surrounding tissues as determined by the assessment

#### **Potential risks of doing an internal examination:**

- |                                    |                              |                           |
|------------------------------------|------------------------------|---------------------------|
| - Spotting                         | - Pain/discomfort            | - Emotional stress        |
| - Skin reaction (from lubrication) | - Miscarriage with pregnancy | - Urinary tract infection |

#### **I will immediately notify the Physiotherapist of any changes in my pregnancy or medical status.**

I will have the opportunity to discuss with my Physiotherapy the nature and purposes of all my treatments.

I accept the fact that there is no guarantee of the effectiveness of the treatment.

I am aware that I may withdraw this consent and discontinue treatment at anytime.

I consent to the Physiotherapy treatments offered or recommended to me by my Physiotherapist(s). I intend this consent to apply to all my present and future Physiotherapy care.

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Date

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Patient Name (Print)

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Patient Signature