

Quality Rehab Physical Therapy Consent Form

Manual Therapy

Manual Therapy is defined as the skilled passive movement of joints and soft tissue. Manual therapy techniques consist of a broad group of interventions in which physical therapist use their hands to administer skilled movement designed to control pain; increase joint range of motion; reduce or eliminate soft tissue swelling; inflammation; or restriction; induce relaxation or improve pulmonary function. Manual Therapist use specific hand placement and the precise application of forces to restore normal movement to joints and soft tissue. Manual therapy has been shown to decrease pain and increase functional outcome, please feel free to ask your therapist about this technique and how it can be used in your treatment.

Fall Prevention

Falls can diminish your ability to lead an active and independent life. About one third of people over the age of 65 and almost half of people over the age of 80 will fall at least once this year. Physical Therapy can help you reduce your risk of falling. If you are worried about falling or if you recently had a fall, your physical therapist will conduct an assessment included in your evaluation. Based on the evaluation results, your physical therapist will design an exercise and training program to improve your balance and strength.

By signing below, I consent to receiving physical therapy services at Quality Rehab. I understand that at any time I can verbally revoke my consent. I understand that I am a key part to my recovery and must follow my plan of care, that I agreed upon, in order for the best recovery. If there is ever a moment I do not understand or have questions regarding my treatment, I understand I have the right to question, and state all of my concerns.

Authorization of Payment. I understand fully that in any event my insurance or financially responsible party does not pay for the services I receive, I will be financially responsible for payment.

For treatment of minors, I, as the parent/guardian of a minor receiving treatment here under, do hereby agree and understand that I have been advised to remain on the premises during any such treatment, and waive any claim I may have resulting from failure. I also understand I must accompany him/her to therapy to sign, and check him/ her in.

Patient/ Guardian Signature_____ **Date**_____