

Informed Consent to Muscle Therapy Treatment

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Health care practitioners including muscle therapists are required to advise patients that there are or may be some risks associated with treatment. In particular you should note:

- ❖ While rare, some patients may experience short term aggravation of symptoms, rib fractures, bruising, tenderness, or muscle and ligament strains or sprains as a result of manual muscle therapy techniques.
- ❖ There are reported cases of stroke associated with many common neck movements. Present medical and scientific evidence does not establish a definite cause and effect relationship between manual massage techniques and the occurrence of stroke. However, you are being warned of this possible association because stroke sometimes causes serious neurological impairment and may on rare occasion result in injuries including paralysis. The possibility of such injuries resulting from manual muscle therapy is extremely remote.

Muscle therapy treatment has been the subject of numerous reports and studies conducted over many years and has been demonstrated to be effective treatment for several conditions involving pain, numbness, muscle spasm, loss of mobility, headaches, inflammation, and other related symptoms. The risk of injuries or complications from muscle therapy is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms. I do not expect the therapist to be able to anticipate and explain all risks and complications and wish to rely on the therapist to exercise judgment during the course of treatment which the therapist feels at the time, based upon the facts known, is in my best interest.

I understand that the treatment of muscle therapy when requested without a Chiropractic Preliminary Exam is separate and distinct from the Practice of Chiropractic provided by doctors' Bowd, Gellert, Newfield, and Sedun of the Village Chiropractic Clinic. I hereby waive all liability towards the above mentioned doctors or clinic should any injury or malpractice occur from any treatment provided by any of the Muscle Therapists at the Village Chiropractic Clinic.

I consent to the treatments offered or recommended to me by my muscle therapist working at the Village Chiropractic Clinic. I intend this consent to apply to all of my present and future care.

Patients Name (PRINT)

Signature of Patient or Guardian

Date Signed

Witness