

INFORMED CONSENT

I, _____, hereby consent to voluntarily engage in a physical therapy and wellness training program recommended for the improvement of my general health, well-being and quality of life. I understand the intent of the program will be to provide rehabilitation, post-rehabilitation, fitness training, preventative conditioning and/or sport performance enhancement.

In order to determine my physical capacity to participate in an individualized goal-specific physical therapy and wellness program, I acknowledge that a comprehensive examination is required. The exam will require full disclosure of my present medical condition, past medical history, and a physical assessment. Physical assessment procedures will include an examination of my posture, range of motion, joint mobility, muscle flexibility, muscle strength, neurovascular status, and balance/coordination. I understand that I may be required to receive a physician's clearance to participate in an individualized physical therapy and wellness program *if* the evaluating therapist deems it necessary after the initial examination. I consent to these procedures and agree, if necessary, to acquire a physicians approval to participate in the physical therapy and wellness training program.

I understand that each session may include manual procedures to enhance my joint range of motion, muscle flexibility, muscle tone, muscle coordination, balance and functional/sport related movement patterns. In addition, I will engage in exercises which may include aerobic activities (treadmill, stationary bicycle, elliptical trainer, stair climber, upper body ergometer, running, circuit training, etc...), isometrics, plyometrics, resistance training, Pilates exercises, Gyrotonic® exercises, balance training, Fit-ball exercises, medicine ball activities, and other supervised and unsupervised activities to improve my overall health, muscle strength, range of motion, muscle flexibility and capacity to engage in sport activities. I voluntarily consent to these passive and active procedures.

I understand that this program may benefit my physical fitness or general health. However, the program cannot guarantee any particular level of improvement. I recognize that involvement in physical therapy and wellness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort.

I understand and have been informed that there exists the risk of bodily injury during the physical therapy sessions including, but not limited to, injuries to muscles/tendons, ligament, joints and periarticular structures, and adverse responses such as abnormal blood pressure changes, light headedness, fainting, dizziness, abnormal heart rate changes and, in rare instances, heart attack, stroke, or death. Additionally, I understand that by not providing all medically related information to the owners, operators, agents, employees, therapists, and instructors of Spine and Sport that I may be placing myself at an increased risk of serious injury and/or death. I fully understand and accept the risks associated with exercise and it is my desire to participate herein as indicated. I also understand that, at any time, it is my complete right to decrease or stop any procedure or activity and it is my obligation to inform the owners, operators, agents, employees, therapists, and instructors of Spine and Sport of any problems, adverse symptoms, and desires to discontinue participation.

I have been informed that the information obtained in this program will be treated as privileged and confidential and will not be released to any person without my express written consent except as required by law. I agree to the use of any information for the purpose of consultation with other health/wellness professionals, including my doctor. Any other information obtained, however, will only be used by the owners, operators, agents, employees, therapists, and instructors of Spine in the course of recommending interventions for me and evaluating my progress in the program.

I have been given the opportunity to ask questions as to the procedures of this program and, by my signature, I fully consent to participate in consideration of the aforementioned advisements.

PARTICIPANT _____ DATE _____

WITNESS _____ DATE _____