

INFORMED CONSENT FOR EXERCISE REHABILITATION

The undersigned hereby voluntarily consents to engage in a program of therapeutic exercise to aid in his/her recovery and healing process. Proper exercise has been proven to aid and accelerate the healing process. This is the purpose of your therapeutic exercise program.

Upon being evaluated by your physician, a customized therapeutic exercise program will be designed for you. During your exercise sessions it is vital that you provide adequate feedback regarding any pain and discomfort you may experience. When participating in any exercise program it is important to distinguish muscular pain due to fatigue burning as compared with pain experienced as a result of your injury. If an exercise causes pain you are to stop that exercise immediately and inform your therapist so the exercise can either be modified, or discontinued. Likewise when a particular exercise causes pain in only a portion of the range of motion notify your therapist immediately and do not perform that portion of the exercise which caused pain.

As with virtually any therapeutic modality there exists a certain risk of injury, every effort will be made to minimize these risks through preliminary examination and by observation during the program.

Any questions about the procedures used in the exercise program are encouraged. If you have any doubts or questions, please ask us for further explanations.

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It is understood that I may withdraw and discontinue participation in the program at any time. My physician will be notified of my attendance record should I discontinue the program. Further, I permit registration of my name for possible follow up purposes in the future and permit the use of data gained for research purposes.

Finally, I the undersigned release and discharge this facility, their officers, agents, staff, faculty, physicians, technicians and any others connected therewith from all claims or damages whatsoever that I, the undersigned or my representatives may have arising from, or incident to this exercise program.

I have read this form and I understand the procedures that I will perform. I consent to participate in this exercise program.

Signed _____ Date _____

Witness _____ Date _____