



CONSENT TO PARTICIPATE

The goals of this rehabilitation program include:

1. Determine the cause and extent of your problem.
2. Providing a therapeutic exercise program to increase your strength, endurance, range of motion, flexibility, restore neuromuscular function, and decrease your pain.
3. Provide the necessary manual therapy to assist in the above goals.
4. Provide education regarding your injuries, recovery, and prevention of re-injury.
5. Restore function in your work, recreation, and activities of daily living.

The equipment and procedures used to treat you, and the process by which they are used, will be explained to you.

Your participation in the rehabilitation program is voluntary. You can stop at any point or refuse any form of exercise or treatment. Should you stop your treatment, we will notify your doctor, insurance company, or attorney, as applicable.

If at any point during the evaluation or rehabilitation process you have questions, we will answer them to the best of our ability or refer you to someone more qualified. Please be advised that there are no guarantees that the personal goals and/or those listed above will be met to your satisfaction. The success of any rehabilitation process lies in the combined efforts of you and your physical therapist. The "team" approach has the best chance of attaining your goals so please ask as many questions as necessary for you to gain the maximum benefits from your treatment.

Attendance at your appointments and participation in a home program on a regular basis are necessary to achieve the best possible outcome. You must be an active participant in your own recovery.

Since the process of strengthening and conditioning are a form of "controlled strain", there is a chance of aggravation or injury. It is therefore imperative that you communicate to your physical therapist any aggravation or injury that you observe during the rehabilitation process. For example, the best exercise for you, if performed at the wrong stage of your rehabilitation, may be your worst enemy.

You are also agreeing to participate in the treatment without the influence of any alcohol, non-prescribed drugs/ medications, or abusive behavior or language. Care may be refused at any time, if any of these conditions are believed to exist.

I have read the above and understand the risks and benefits of the rehabilitation program. I hereby agree to participate in physical therapy, and further agree and duly authorize release of my rehabilitation information to my doctor, insurance carrier, or attorney, as applicable.

Signature of Patient or Legal Guardian

Date

Signature of Witness

Date