

## **PHYSIOTHERAPY TREATMENT - Informed Consent**

I have been informed of the potential risks not limited to increase in pain and discomfort, potential of getting a burn with hot packs, cold packs, ultrasound therapy or the electrodes used during the treatment performed by the Registered Physiotherapist or Physiotherapist Assistant/student. I am also informed that part of the treatment may be administered by the Physiotherapy Assistant/student under the direct supervision of the Registered Physiotherapist. I am given an understanding that the Physiotherapist Assistant has a college/university level education in physiotherapy field and are competent enough to carry on the treatment prepared by my Registered Physiotherapist. I have also been informed the benefits of decrease in the pain & discomfort, improvement in functions, flexibility and strength with the treatment. I have also been informed the alternatives that are there for the treatment planned for me for the condition I am seeking Physiotherapy for.

Physiotherapy treatment techniques may include, but are not limited to: manual techniques such as Myofascial release, stretches, mobilization, electrotherapeutic modalities such as Transcutaneous Electrical Nerve Stimulation (TENS), Interferential Currents (IFC), Electrical Muscle Stimulation (EMS), Ultrasound (US), LASER and exercises. These may be recommended during your program. It is the policy of our clinic to ensure that the benefits, side effects, and potential complications of each chosen modality above are explained to you by your therapist. Throughout the program, should you have concerns or questions about any recommended treatment, you must inform the therapist immediately so rationale for treatment and/or adjustments to your treatment can be made. It is your responsibility to participate in all aspects of the program as it is imperative to its success. If you choose not to participate, you must inform your therapist immediately.

I have been informed that it will involve my active participation in treatment and will comply with the Physiotherapist's recommendations in order to enhance my recovery. I acknowledge that I had the opportunity to discuss the following with the Registered Physiotherapist: JAIMIKKUMAR MEHTA / JENNIFER MCCARTHY HARVEY.

- a. The condition that the treatment is to address.
- b. The nature of the treatment.
- c. The risks and benefits of that treatment.
- d. The alternatives to that treatment and what would happen if I do not have the treatment.
- e. Use of Physiotherapy Assistant/student in my treatment.
- f. The fee for the services that are going to be charged to my account or any variations to the regular fee schedule.

I have had the opportunity to ask questions and received answers to all the concerns I had with regards to the assessment and treatment. I consent to the treatments offered or recommended to me by Physiotherapist, including myofascial release and use of any Electrotherapy modalities. I intend this consent to apply to all my present and future care with the Synergy Centre Registered Physiotherapist and his Physiotherapy Assistant/student. I also understand that I can withdraw this consent anytime.

I have understood the above statement, have no further questions and hereby voluntarily consent to treatment.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
SIGNATURE OF LEGAL GUARDIAN/PARENT  
IF REQUIRED