

## INFORMED CONSENT FOR TREATMENT

Medicare Certified  
Letter of Protection

I, \_\_\_\_\_, give my written consent to

Global Physical Therapy, Inc.'s physical therapy providers to evaluate and treat my functional disabilities and impairments in compliance with their professional judgment and professional code of ethics. I understand that my physical therapy treatments may include various measurements, evaluation protocols and treatments; and may include the application of:

- Ice
- Heat
- Utilization of ultrasound
- Electrical stimulation
- Laser therapy,
- Infrared,
- Phonophoresis
- Paraffin wax
- Therapeutic exercises
- Neuromuscular reeducation techniques,
- Postural re-education.
- Muscle energy techniques
- Manual therapy,
- Soft tissue massage
- Soft tissue mobilization
- Myofascial release
- Trigger point release
- Neural mobilization
- Balance/gait/stairs/transfers training
- Functional and vocational conditioning
- Dynamic stabilizations
- Manual/mechanical traction

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I understand that it is my responsibility to notify my physical therapist of any pre-existing conditions that could impose contraindication to the utilization of any of the above listed therapeutic procedures, such as existence of open wound, unstable joint, bone fracture, recent head trauma, cardiac arrhythmia, cardiac pacemaker, active cancer condition, pregnancy, active infection, sensory loss, HIV/AIDS, impaired vision or hearing, impaired balance, HTN, etc.

I also understand that during the course of the therapy session, should I feel any irritation or exacerbation of my condition, I shall immediately notify my physical therapist, and discontinue the therapeutic procedure or the activity that was the source of irritation.

\_\_\_\_\_ Date \_\_\_\_\_  
Patient's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Physical Therapist