INFORMED CONSENT
PHYSICAL THERAPY EVALUATION & TREATMENT

Physical therapy involves physical therapy evaluation and treatment. Evaluation includes a variety of assessment techniques and treatments include various forms of manual therapy, therapeutic exercise, neuromuscular re-education, etc. At Grandview Primary Care & Performance Medicine Institute, your physical therapist, Kaitlin Hartley, PT, DPT, uses a variety of procedures to improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy. The responses to a specific treatment vary significantly from person to person, thus making it difficult to accurately predict your particular response to certain treatments. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for.

Therapeutic exercise and manual therapy make up a large role of physical therapy treatment plans. Overall risk is low, however both exercise and manual therapy do have physical risk associated with them. Please ask your physical therapist any questions regarding the type of exercise or manual therapy performed to ensure you are properly informed regarding your treatment.

As a patient, you have the right to ask your physical therapist questions regarding types of treatment he or she is planning or recommends based on your personal history, diagnosis, symptoms, and evaluation results. Your physical therapist can discuss with you possible risks and benefits of a specific treatment prior to performing. You do have the right to decline any portion of your evaluation or treatment at any time during the session.

I acknowledge that my treatment program has been explained by Kaitlin Hartley, PT, DPT, and all of my questions have been answered. I understand the risks associated with a physical therapy program as outlined to me above, and I wish to proceed with physical therapy evaluation and treatment.

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Patient Name   Patient Signature   Date