



INFORMED CONSENT FOR PHYSICAL THERAPY

Dear Patient,

Physical therapy involves the use of many different types of physical evaluation and treatment. Confluent Therapy Solutions will utilize a variety of procedures and modalities to help us to try and improve your function.

As with all forms of medical treatment, there are benefits and risks involved with physical therapy. Since the physical responses to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. 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 for which you are seeking treatment.. There is also a risk that your treatment may cause pain or injury, and/or may aggravate previously existing conditions. Known risks and complications of physical therapy treatment can include muscle injury, fractures, swelling, bleeding, and infection.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. Your signature below confirms that you have discussed with your therapist and understand fully the potential risks and benefits of a specific treatment, and the fact that the option to not receive any treatment is always available to you. You have the right to decline any portion of your treatment at any time or during your treatment session.

Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

I acknowledge that my treatment program has been explained by [Confluent Therapy Solutions](#), and all of my questions have been answered to my satisfaction. I fully understand the risks and benefits of, and alternatives to, treatment associated with a program of Physical Therapy, including the alternative to decline treatment entirely, and I wish to proceed with treatment.

Signature of Patient, Parent, or Guardian _____

Date: _____