

Informed Consent for Physical Therapy

I acknowledge that I have been informed that physical therapy and gym programs involve participation in activities that facilitate gains in flexibility, strength, balance, agility, and endurance through exercise, manual therapy and modalities, which carries a risk, albeit small, of exacerbation of symptoms, or injury.

I understand and agree to the following:

1. My participation in physical therapy, New Directions Gym, and training is strictly voluntary.
2. My participation in each and every exercise and activity within the physical therapy and/ or gym training program is voluntary and I may choose not to participate, or limit my participation, in any exercise or activity at any time.
3. I will pace myself to maintain a level of participation that is safe and comfortable for me.
4. I will advise my physical therapist/student intern/gym staff of any changes in my physical or mental health prior to participation in each session.
5. My physical therapist/student intern/gym staff is available to answer any questions or concerns that I might have regarding my participation, activities, or safety.
6. I will seek further direction or explanation of anything that I do not fully understand, or that causes me concern.

I have read this Informed Consent. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed.

 Signature

 Date

 Legal Guardians if applicable (Print)

 The following is optional:

I give The University of Montana Physical Therapy Clinic or New Directions Gym permission to use my testimonial(s). Yes ___ No ___

I give The University of Montana Physical Therapy Clinic or New Directions Gym permission to take pictures or video of me for the purpose of education, and staff training. Yes ___ No ___

I give The University of Montana Physical Therapy Clinic or New Directions Gym permission to take pictures or do a video of me for the purpose of paper or internet based publication. Yes ___ No ___

 Signature

 Date

 Legal Guardian if applicable (Print)