

**PUTNAM PHYSICAL THERAPY SERVICES
1140 PERIMETER PARK DRIVE
COOKEVILLE, TN 38501
PHONE 931-526-2345 FAX 931-528-1460**

INFORMED CONSENT

Your physician has referred you to physical therapy for treatment of a musculoskeletal problem, dysfunction, pain, or neurological problem, etc. Before receiving any treatment a thorough physical therapy evaluation will be performed. A plan of treatment will be developed based upon these evaluation results. Physical therapy treatment may include physical agents (hot packs, cold packs, ultrasound, electrical stimulation, and mechanical traction), therapeutic exercises (strengthening, stretching, endurance, and balance activities), gait training, and/or manual therapy techniques (soft tissue mobilization, joint mobilization, and manual traction). These treatments are designed to decrease pain, decrease swelling, improve range of motion, increase strength, increase endurance, and improve overall function.

As with any medical procedure, there are certain risks, which could cause an increase in your current level of pain or a change in your functional status. If your symptoms do increase, you are expected to inform your therapist immediately. This will allow the therapist to make changes in your plan of care as needed.

Also, your therapist needs to know if there are any medical conditions that may be affected by physical therapy treatment. If you have any questions concerning this document or your treatment, please feel free to ask your therapist.

THANK YOU

Yes, I understand that there are certain risks involved with physical therapy treatment. I will inform my therapist of all past medical conditions. I will keep my therapist informed if there are any changes in my medical status or if there are any adverse effects of treatment.

Patient's signature or Parent's signature if patient is under 18 years of age

Today's date