



## **Informed Consent for Physical Therapy Services**

Physical therapy is a patient care service that is provided in order to manage a wide variety of conditions. The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures, mobilization, massage, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them. Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Encore Physical Therapy does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy treatment may in result in aggravation of existing symptoms and may cause pain or injury. It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physical therapist about the treatment they have planned based on your individual history, physical therapy diagnosis, symptoms, and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

## **Consent for Physical Therapy Services during Covid-19**

In response to the current Covid-19 crisis, additional safety measures and procedures have been established for providing care at the clinics of Encore Physical Therapy. These processes have been added in addition to the guidelines set forth by the CDC and are in place to help create a patient environment that is safe for both patients and clinic staff. By receiving treatment during this period, I understand that the following procedures will be followed:

(Please Initial)

- \_\_\_\_\_ Masks shall be worn by patients, their caregivers and all staff during the course of treatment.
- \_\_\_\_\_ A brief screening of each patient will take place before treatment to make sure that the patient does not have a fever above 100.4 and/or have any other COVID-19 related symptoms.
- \_\_\_\_\_ If a patient is exposed to COVID-19 and/or develops COVID-19 related symptoms during or soon after receiving care in our clinics, patients are asked to please alert our office as soon as possible so all proper response procedures set forth by the Oregon Health Authority can be followed.

***I have read this consent form and understand the risks involved in physical therapy, the additional measures being put into place during this period of Coronavirus and agree to fully cooperate, participate in all physical therapy procedures, and comply with the established plan of care.***

Patient Name: \_\_\_\_\_

(print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_