

Lizanne Pastore PT, MA, COMT

Physical Therapy • Somatic Education

CONDITIONS AND CONSENT FOR OUTPATIENT TREATMENT

1. COOPERATION WITH TREATMENT:

I understand that in order for therapy to be effective, I must come as scheduled unless there are unusual circumstances that prevent me from attending therapy.

I understand that I may be discharged from physical therapy if I do not keep three (3) appointments without calling to cancel.

I agree to cooperate with the home program assigned to me. If I have difficulty, I will discuss them with my therapist.

2. NO WARRANTY:

The physical therapy department does not promise a cure for my condition. They will share with me the available statistics and studies regarding results of physical therapy treatment for my condition. They will discuss all treatment options with me.

3. INFORMED CONSENT TO TREATMENT

The term “informed consent” means that the potential risks, benefits and alternatives of physical therapy treatment have been explained to you. The department provides a wide scope of services and you will receive information at the initial visit on the treatment/assessment options available for your condition.

Potential Risks:

You may experience an increase in your current level of pain or discomfort, or an aggravation of your existing injury. This discomfort is temporary and will probably subside in 24 hours.

Potential Benefits:

These include an improvement in your symptoms, an increase in your ability to perform your daily activities. You may experience increased strength, awareness, flexibility and endurance in your movements. You may experience decreased pain. You will have greater knowledge on managing your condition and the resources available to you.

Alternatives:

All physical therapy treatment options available for your condition will be explained to you. You may inquire on the cost of these services and discuss them with your therapist. If you do not wish to participate in the program, you may discuss your medical, surgical or pharmacological alternatives with your physician.

Based on the information I have received from the therapist, I voluntarily consent to physical therapy treatment. I understand that I may withdraw at any time.

Patient's Signature

Therapist's Signature

Date

Adapted with permission from Woman's Hospital, Baton Rouge

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INFORMED CONSENT FOR ASSESSMENT OF THE PELVIC FLOOR

I understand that if I am referred to physical therapy for pelvic floor dysfunction, it may be beneficial for my therapist to perform a muscle assessment of the pelvic floor. Palpation of these muscles is most direct and accessible if done via the vagina and/or rectum. Pelvic floor dysfunctions include pelvic pain, urinary incontinence, fecal incontinence, dyspareunia or pain with intercourse, pain from episiotomy or scarring, vulvodynia, vestibulitis or other similar complications.

I understand that the benefits of the vaginal/rectal assessment will be explained to me. I understand that if I am uncomfortable with the assessment or treatment procedures AT ANY TIME, I will inform my therapist and the procedure will be discontinued and alternatives will be discussed with me.

Treatment procedures for pelvic floor dysfunctions include biofeedback, electrical stimulation, use of vaginal weights and several manual techniques including massage. The therapist will explain all these treatment procedures to me and I may choose to not participate with all or part of the treatment plan.

Based on the information I have received from the therapist, I voluntarily agree to the standard assessment and treatment plans for my condition.

Patient's Signature and date

Therapist's signature.

****If you are pregnant, have infections of any kind, have vaginal dryness, are less than 6 weeks post partum or post surgery, have severe pelvic pain, sensitivity to KY jelly, vaginal creams or latex, please inform the therapist prior to pelvic floor assessment.*

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