



WARRIOR KINETICS

PHYSICAL THERAPY

DR. EMILY TA, PT, DPT, CSCS

Warrior Kinetics Physical Therapy PLLC is an outpatient Physical Therapy company dedicated to providing quality and effective physical therapy services, focusing on promoting efficient biokinetics, improving functional muscular balance, and building optimal strength to prevent or ameliorate activity limitations and enhance overall quality of life.

Informed Consent: Evaluation & Treatment for Physical Therapy

I acknowledge and understand that I have been referred to Warrior Kinetics Physical Therapy for evaluation and treatment of a musculoskeletal, neuromuscular, and/or biomechanical dysfunction.

I understand that to comprehensively evaluate my condition, it is necessary, initially and periodically, to have my physical therapist perform a musculoskeletal, neuromuscular, and biomechanical examination. This evaluation may include assessment of posture, gait, strength, flexibility, stability, muscular endurance, spinal alignment, soft tissue restrictions, and biokinetic function. Treatment may include, but not be limited to, the following: observation, palpation, soft tissue mobilization, joint mobilization, therapeutic exercises, muscular and movement re-education, educational instruction, biofeedback, and/or electrical stimulation.

In order for physical therapy treatment to be maximally effective, I understand that I must:

1. attend scheduled appointments (disregarding occurrences of unusual circumstances),
2. abide by physical therapist instruction and recommendations, and
3. comply fully with the prescribed individualized home program.

If I have questions about or difficulty with any part of my treatment program, I will discuss it with my physical therapist.

During physical therapy sessions, I may experience an increase in my current level of pain or discomfort, an aggravation of my existing injury or condition, an aggravation of a previously existing condition, or an onset of new symptoms. I understand that any discomfort is usually temporary and will usually subside within 48-72 hours. I understand that if I am uncomfortable with the assessment or treatment procedures at any time, I will promptly inform my physical therapist and alternatives will be discussed with me.

I understand that no guarantees that can be provided regarding a cure for or improvement in my condition. However, Warrior Kinetics Physical Therapy will provide the most effective possible treatment to the knowledge and capabilities of the treating physical therapist under APTA guidelines.

I give Warrior Kinetics Physical Therapy permission to take photographs and videos of me to document baseline function, functional progress, and movement re-education. I understand that these photographs and videos will be part of my confidential medical file and will not be used for any purpose beyond my medical care without my expressed written consent.

I have read and understood the preceding statements. Any questions I had were answered to my satisfaction. I have informed my physical therapist of any pre-existing conditions that would impair my ability to have an evaluation to be treated or that would affect my treatment progress. I hereby request and fully consent to the evaluation and treatment to be provided by Warrior Kinetics Physical Therapy.

Patient Name (Printed): _____

Patient Signature: _____ Date: _____