

# Wood Therapy - Consent and Release Form

## About Wood Therapy

Maderoterapia may have originated in South America (Brazil and Colombia) but therapies using bamboo also exist in Asian practice. This holistic, non-invasive treatment may help to contour the body, reduce the appearance of cellulite, and facilitate weight loss. Wood therapy is a vigorous movement of wooden tools over the body to loosen restrictions in muscles and connective tissue, stimulate circulation and lymphatic drainage. Treatment is most effective when scheduled in a series.

**Side Effects:** Short-term discomfort, reddening, temporary bruising and discoloration of the skin. Rare side-effects can include scarring and permanent discoloration. The wooded tools may cause the sensation of deep pulling, tugging, and pinching. The need to evacuate your bladder after a session is not uncommon. Hydration following your session is important to help move cellular debris and toxins.

## Contraindications for Wood Therapy

The following is a partial list of common conditions which are considered contraindications for wood therapy:

Blood Clots/DVT	Injured Areas	Open Lesions	Phlebitis/Varicose Veins	Bleeding Disorders/Hemophilia
Infections/Fever	Cancer	Impaired Sensation	Bruise Easily	Acute Skin Conditions
Edema/Lymphedema	Sunburn/Rash	Hematomas	Certain Medications	Local Hernia

## Please Read and Initial Each Item Below

Information about wood therapy and massage in general, techniques, potential benefits, effects, risks, after-care recommendations, and possible alternative therapies have been explained to me and I understand this information. I understand that the tools used in wood therapy may result in marks being left on my body. My therapist has informed me of the contraindications of wood therapy, and I have provided my therapist with an accurate and complete medical history to rule out any contraindications to receiving this treatment.

\_\_\_\_\_ I agree to communicate to my therapist any physical discomfort experienced during the session.

\_\_\_\_\_ I have been given an opportunity to ask questions about wood therapy and have had my questions answered to my satisfaction.

\_\_\_\_\_ I am not taking blood thinners, and I have no contraindications for wood therapy.

\_\_\_\_\_ I release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

\_\_\_\_\_ I further understand that massage and wood therapy are not substitutes for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware.

\_\_\_\_\_ I understand that massage therapists do not diagnose illness or disease, and nothing said during the treatment should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

By signing this form I agree with the statements above and give my consent to proceed with wood therapy.

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

New Moon Energy & Massage Therapy LLC