

# **Bertram Healing Center, LLC**

## **Cupping Therapy - Consent and Release Form**

### **About Cupping Therapy**

Cupping is a therapeutic technique that comes from traditional Chinese medicine (TCM) and is believed to have numerous health benefits in addition to stimulating the flow of qi ("life force") within the body. Cupping therapy is a body treatment that integrates well with massage therapy and involves applying negative pressure on the skin using glass, plastic, or silicone cups. These cups are moved over the skin using gliding, shaking, popping, and rotating techniques while gently pulling up on the cup or may be parked for a short time to facilitate joint mobilization or soft tissue release. The suction created by these cups stimulates and increases blood flow, which can help relieve joint and muscle pain, reduce inflammation, accelerate recovery, overall relaxation and well-being, and aid in the healing of scars and surrounding tissues. Suction reaches deep into the soft tissue, attachments, and organs, pulling toxins and inflammation from the body to the skin's surface, where the lymphatic system can more readily eliminate them.

### **Contraindications for Cupping Therapy**

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

- Acute Skin Conditions
- Areas Of Herniation
- Bleeding Disorders
- Blood Clots
- Bruise Easily
- Cancer
- Certain Medications
- Edema / Lymphedema
- Hematomas
- Hemophilia
- Impaired Sensation
- Infections
- Injured Areas
- Phlebitis / Varicose Veins
- Skin Lesions
- Sunburn / Rash

Caution should be taken with any of the following conditions. Please talk with your therapist if you are experiencing any of these:

- Diabetes with complications or acute infections
- taking anticoagulant medication (e.g. - aspirin, warfarin, etc.)
- severe chronic diseases such as heart disease
- you are pregnant, are within 6 weeks after giving birth, or are menstruating
- Lymphedema or Anemia
- new tattoos (localized)
- recently given blood or undergone a medical procedure

People who are on blood thinners should not experience Cupping therapy. If you start taking such medication, please inform the therapist so your treatment plan can be adjusted. If you are under the care of an acupuncturist, Cupping therapy could potentially interfere with acupuncture treatments and should be avoided.

### **Please Read and Initial Each Item Below**

\_\_\_\_\_ I understand that the vacuum formed by cupping may result in marks being left on my body.

\_\_\_\_\_ My therapist has informed me of the contraindications of Cupping 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 draping issues or physical discomfort experienced during the session.

\_\_\_\_\_ I have been allowed to ask questions about Cupping therapy and have had my questions answered to my satisfaction.

\_\_\_\_\_ I understand that if I am receiving facial cupping (for cosmetic, TMJ issues, headaches, sinusitis, Bells Palsy, Trigeminal Neuralgia, etc) to treat these conditions most effectively, cups may be left in one place for up to 2 minutes. Depending on my skin type, I understand this type of treatment may leave cupping marks on my face.

\_\_\_\_\_ I understand and am aware that there can be side effects to cupping such as nausea/vomiting, fainting, blisters/infections, bleeding, bruising, headaches, dizziness, fatigue, and others.

\_\_\_\_\_ I understand that all treatments at this office are therapeutic.

\_\_\_\_\_ I am not taking blood thinners, experiencing a fever, have cancer, had recent surgery, have hemophilia or bleeding/clotting disorders, diabetes, abnormal blood pressure, nor am I currently pregnant.

\_\_\_\_\_ I understand that the first time I experience Cupping therapy, my body's immune system can temporarily react to this release as it might with the flu- producing effects like nausea, headache, and aches that will subside in time with rest and water. Water helps to dilute the intensity of the release.

\_\_\_\_\_ I understand that the Cupping therapy modalities should not be combined with aggressive exfoliation, 4 hours after shaving, after sunburn, or when I am hungry or thirsty.

\_\_\_\_\_ I understand that I should avoid exposure to cold, wet, and/or windy weather conditions, hot showers, baths, saunas, hot tubs, and aggressive exercise for 4-6 hours. I understand that exposure to such extremes can produce undesirable effects.

\_\_\_\_\_ I agree to disclose to my therapist if my medical health history happens to change during the period of receiving Cupping therapy

\_\_\_\_\_ I have read all the above disclaimers and I agree that I am not currently experiencing any of the contraindications. I have had the opportunity to ask any questions about this treatment, and by signing below I agree to release the Bertram Healing Center and its therapists from any liability in connections with receiving Cupping treatments.

**Suggested aftercare recommendations:**

- Drink plenty of water to help eliminate toxins out of the body.
- Avoid showers, steam, and sauna, and exercise immediately following bodywork (4-6 hours).
- Light stretching and range of motion exercises are beneficial.
- Exercise the next day will help increase circulation to aid in the fading of cup kisses.

I further understand that massage and Cupping therapy is not a substitute 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 cupping therapy.**

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

\_\_\_\_\_  
*Date*

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