2022 Policies & Procedures:

Informed Consent: All clients must understand that they are the ultimate decision maker in their own health care. To the best of their ability, practitioners will provide information to assist you in making informed choices. This process is often referred to as “informed consent” and involves understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care in current times.

**Please review the Policies, Procedures, Scope of Practice and Contraindications, then sign the Consent Form & complete the Health History from to Continue with Care.**

Your first appointment: Please arrive 10 minutes early for your first appointment to complete paperwork. Your first appointment will include a 5–10 minute assessment to ensure we are able to meet your needs and provide a safe massage. Bodywork & Medical assessments may include postural photos. Depending on your goals, some time may be spent on a post-assessment and take-home care. It is helpful to wear clothing you can move in to your first appointment.

Late Arrivals: If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Regardless of the length of the treatment actually given, you will be responsible for the “full” session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

Cancellation Policy: **24 hour advance notice is required when cancelling an appointment.** This allows the opportunity for someone else to schedule an appointment. Anyone who cancels with less than 24 hours notice or otherwise forgets or consciously chooses to forgo their appointment for whatever reason will be considered a “no-show.” **They will be invoiced for their “missed” appointment in full.** Invoices for missed appointments must be paid prior to your next scheduled appointment.

Emergencies and other Time Considerations: If an emergency occurs for either the client or the therapist, the session may be re-scheduled based on mutual agreement. If a session starts late due to delays at the therapist, the client will still get a complete treatment if their schedule allows or the session will be pro-rated. The Clinic may extend discounts for a future session in consideration of your time.

Personal Information: E-mail addresses & Birthdays will be used for appointment reminders and occasional discounts or announcements. We can delete this info from your profile at your request.

Payment: We accept cash and most major credit cards and have gift certificates available. We DO NOT accept or bill insurance payments. If necessary, we will copy session notes for a small fee. We accept FSA & HSA card payments if your doctor has recommended bodywork.

Infectious Diseases: All clients who provide consent for care acknowledge the risk of infectious disease transmission and agree with the following statements and policies.

* The Flu, COVID-19, colds and other infectious diseases are a part of our world and it may be difficult to determine who is contagious.
* The business will follow all CDC guidelines and implement enhanced sanitation, air purifiers and masking as necessary.
* **Masking is appreciated if you have chronic respiratory symptoms or transition levels are high.**
* **Clients agree to cancel or postpone appointments for at least 7 days if they could be sick or contagious with any infectious disease.**

Treatment Dress: The client will be draped or clothed at all times. The client determines which articles of clothing to remove. Athletic clothing is appropriate for initial assessments and corrective exercise. Bare skin is helpful, but not required for Myofascial Treatments. Minors are encouraged to wear athletic clothing or sports bras and are encouraged to have a parent/guardian in the room. The therapist will discuss treatment options with the client; however the client makes the final decision. The client may stop the session at any time if they are uncomfortable. You are expected to communicate preferences, expectations and concerns, as well as inform the therapist of any changes in your medical history.

Sexual behavior/intonation: Sexual behavior/intonation is not tolerated by either the client or practitioner/trainer. Any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session, and the customer will be liable for payment of the scheduled appointment. Following such instance, the client will not be permitted to receive any further treatments.

Minors: All persons under the age of 18 must have parent/guardian consent for service. Parents/Guardians are required to assist in completing the client intake forms and establishing session goals. Parents/Guardians are encouraged to remain in the therapy room during sessions but may waive this right if all parties agree and the client is at least 13 years old. Parents/Guardians of minors age 15 and under are required remain on property during services. Minors are required to wear underwear and are encouraged to wear athletic apparel such as sports bras, tank-tops, t-shirts, shorts with underwear or athletic tights. Please agree to these terms by completing the attached minor consent form.

Contraindications: Massage, Bodywork and Corrective Exercise are not appropriate for all people. You will be asked to provide accurate medical history information and complete a readiness questioner to determine what services are appropriate. Medical Approval may be required. **If this is your 1st appointment and you need to talk to your doctor before receiving services, you may reschedule your appointment without charge.**

**\*\*\*No Services offered by Potential Movement Bodyworks are a substitute for medical attention. \*\*\***

Please let your practitioner know if you would like a copy of these policies or the scope of practice.

SERVICES & SCOPE OF PRACTICE

**\*\*\*No Services offered by Potential Movement Bodyworks are a substitute for medical attention. \*\*\***

* Practitioners DO NOT diagnose illness, disease or any other physical or mental disorder.
* Practitioners DO NOT prescribe medical treatment or pharmaceuticals nor is any spinal adjustment performed.
* Our role is NOT to treat musculoskeletal injury after it has occurred, but to reduce it’s likelihood in currently healthy clients and athletes.
* Our strategies may be applied post-injury in clients that have received treatment and clearance from a healthcare provider to return to normal activity.
* It is essential that all health information provided be true and correct.

Corrective Exercise Continuum: While one cannot claim that Massage, Bodywork or Corrective Exercise definitively prevents injury, it may help increase injury resistance. The Corrective Exercise Continuum is a research supported, systematic process that helps address muscle imbalances and optimize movement quality through 4 stages.

1. **Inhibit/Lengthen** overactive muscles by hydrating tissues, breaking up adhesions and re-setting mechanoreceptors.
2. **Improve Flexibility/Mobility** by hydrating tissues/joints and improving neuromuscular control.
3. **Activate** weak muscles with strengthening and neuromuscular control techniques.
4. **Integrate** functional movement patterns to improve static and dynamic posture.

Therapeutic Massage focuses on phase 1 of the corrective exercise continuum. It may also introduce phase 2. Licensed Massage Therapists use traditional deep tissue massage techniques to reduce soft tissue tensions, relieve muscle spasm, reduce tissue adhesions and increase circulation and energy flow.

Integrated Myofasical Bodywork uses advanced manual therapy techniques to put greater emphasis on phase 2 and introduces phase 3. Licensed Massage Therapists improve static posture by restoring length-tension relationships caused by poor alignment and movement patterns. It is best combined with a corrective exercise plan that integrates phases III & IV to restore balance to the whole body.

Corrective Exercise: Corrective Exercise is required to complete phases 3 & 4. Corrective Exercise Specialists are Certified Personal Trainers that can recommend take-home exercises or provide full strength and mobility programming to improve movement quality and dynamic posture. They may not provide manual therapy unless they are licensed massage therapists, nor can they replace physical therapy prescribed by your doctor.

Potential Movement Client Contract 2022

I have reviewed and agree to the Policies, Procedures, Services and Scope of Practice. I’ve had the opportunity to ask questions and request a copy for my records.

Client Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Guardian Name: (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Minor Consent

Guidelines:

* Minors (all clients under the age of 18) can receive Services at Potential Movement Bodyworks only with written parental/legal guardian consent.
* Parent or legal guardian must be present in helping complete the initial assessment and establishing goals for the minor, in addition to providing consent for the Services.
* Appropriate draping will be used at all times during the massage, only areas being massaged are uncovered. Minors should wear underwear and are encouraged to wear athletic apparel. \_\_\_\_\_
* **For clients age 15 and under, the parent/guardian must always be present in the building.**
* INITIAL HERE: (for clients 13-18) if both client and parent/guardian are comfortable with the minor being in the treatment room by themselves; otherwise parent/guardian should be in the treatment room during each session. \_\_\_\_\_\_\_ (client initials) \_\_\_\_\_\_\_\_\_ (parent/guardian initials).

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the legal parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have read the above information and give permission for my child, age \_\_\_\_\_\_ to receive services from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Potential Movement Bodyworks as of today, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).

Minor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_