

## Bodywork Consent Form

This form is to obtain consent for your bodywork session and to be as clear as possible in an ongoing way to adapt to any changes regarding consent. I will check in with you throughout the session about areas of contact, the placement of my hands, and the pressure used. I am happy to make adjustments to support the most effective treatment outcomes for you. Please feel free to let me know either in the moment or upon reflection if anything needs to be altered.

You will be fully clothed and the positioning for the treatment is supine or side-lying on the massage table though seated and standing work can also be helpful at times for treatment and/or assessment - all positions are optional and negotiable. I will offer pillows, blankets and a heating pad for your comfort and support. Please wear comfortable clothing to the session.

The focus of my practice is Craniosacral Therapy and at times I also use Manual Lymph Drainage (MLD), gentle joint mobilization, palmar pressure, traction and fascial stretching. These modalities are within my scope of practice as a Registered Massage Therapist and are included under the heading Massage Therapy listed on my receipts. I will let you know as I use these modalities and if they feel ok during the application. Please let me know if there is anything that you want to omit up front or as we proceed.

### **Craniosacral Therapy**

Gentle hand contact is used with a neutral or subtle pressure to support the innate ability within the body to bring health, balance and freedom of movement. Making contact with any part of the body can help in this regulating process as I use contact directly or indirectly to support the bones and dural membranes of the head, spine, and sacrum. The presence and engagement of my hands with areas of constriction / restriction help to soften these tissues through layers of settling in each part and then reconnect the body as a whole. Overall there is a calming effect to the nervous system through these gentle techniques though at times an area may feel some tension and discomfort before settling. If numbing, tingling or discomfort persists with any contact please let me know so that I can make an adjustment.

### **Basic Manual Lymph Drainage**

Gentle contact using pressure and release to encourage lymph fluid movement and drainage which is useful for easing congestion. You may feel a sense of ease in the sinuses of the head; decreased congestion in the neck / upper chest; and prevention of headaches post-treatment if prone to headaches; lightening of fluid in the arms, legs, abdomen and ease in breathing.

### **Gentle Joint / Muscle Mobilization and Fascial Stretching**

At times I use *gentle* and passive range of motion, traction, compression and stretching of the joints, ligaments, and fascia (connective tissue) of the body. These techniques help to increase range of motion; increase circulation; decrease constriction in the soft tissues; mobilize nerves; and often decrease the activation in the muscles when unable to settle into a relaxed state.

**Risks of any of the above modalities:** Soreness or aggravation of symptoms is possible. *This would then indicate that an adjustment may be needed in the areas of contact, length of time of the treatment, or a need to move to a broader approach of support initially rather than being specific. Please let me know if any symptoms become extreme or last longer than a few days.*

## **Trauma-Informed**

As a Trauma-Informed practitioner I recognize the widespread impact of trauma and engage in practices that support self-efficacy. I work collaboratively with clients to recognize when adjustments need to be made and to integrate practices that actively work to prevent re-traumatization through mindful presence, communication, consent, and choice. Please let me know if you would like more support to understand and navigate the effects of trauma. I am also grateful if you let me know when I have misstepped or misattuned so that if you choose we can continue to co-create a safe or “safe enough” space to work together.

## **Trainings and approaches that influence my work:**

- \* Registered Massage Therapist since 1989
- \* Massage Therapy Certificate Kikkawa College, Toronto 1987 - 1989
- \* First Degree Reiki with Heather Lee, 1994
- \* Craniosacral Therapy: Biodynamic Craniosacral with Jan Pemberton, 2005 - 2008; Cranial Osteopathy Course with Grace Chan (Sutherland/Chan Clinic) 2005; Advanced Cranial Osteopathy with Osteopathic Elder Fred L. Mitchell D.O., 2010
- \* Vodder Manual Lymph Drainage, 1992
- \* Muscle Energy Technique and Strain/Counterstrain with Glenn Sprague P.T., D.O., 2001
- \* Somatic Experiencing Practitioner - Somatic Experiencing International with teachers Berns Galloway, Russell Jones, and Twig Wheeler, 2017 - 2019
- \* Touch Work for Trauma Therapists with Kathy Kain - February 2020
- \* Trauma-Sensitive Mindfulness: The Introductory Guide to Recognizing Trauma, Responding Skillfully, and Preventing Retraumatization with David Treleaven - May 2022
- \* Advanced Trauma-Sensitive Mindfulness: Widening the Window of Tolerance and Supporting Trauma Recover with David Treleaven - August 2022

## **Your Rights** (From the College of Massage Therapists of Ontario website)

As a client, you have the right to:

- Access safe, confidential and ethical care.
- Be fully informed about the treatment plan along with the risks and benefits before beginning.
- Ask questions or raise concerns about the recommended care.
- Bring a person along with you to the appointment while you're being assessed or treated.
- Give or refuse consent. You can also withdraw your consent at any time during treatment.
- Be assured that your health information stays confidential.
- Ask to see or transfer your health record to another health professional any time, for any reason.

**I have read the above information and I understand and give consent to proceed with Nicola Usher. I understand that this is a collaborative process to create a supportive healing environment, and that I have the right to withdraw consent or adjust treatment at any time.**

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

**I give Nicola Usher permission to contact me by phone, email or texting for the purpose of setting up appointments or receiving information. Initial\_\_\_\_\_**