

Client Informed Consent

Description of Muscle Activation Techniques (“MAT”) Principles:

MAT is a bodywork technique using a systematic approach to identifying and treating muscular imbalances that relate to injury. The focus of the evaluation procedure is based upon the understanding that the body will protect itself when it recognizes instability. Therefore, muscles will tighten up as a protective measure when instability is recognized.

The muscle activation technique addresses the component of muscle weakness as a cause for limitations in joint range of motion. When muscles are weak, and/or have lost proprioceptive input, then the joint that supports it becomes unstable. This instability must be identified and addressed. The MAT techniques are designed to identify and correct the positions of instability. When performed in this manner, the natural protective mechanisms are diminished and normal joint motion occurs. The end result is that we are not only increasing joint motion, but we are also making sure that there is increased stability through that range of motion (Mobility and Stability).

The undersigned understands and agrees that during the visit he/she is not receiving physical therapy or chiropractic work. It is understood that MAT is the only practice employed in this session.

(Client/Parent/Guardian initial_____)

Description of MAT Treatment:

MAT treatments are based on:

- A) The information you have provided on past and present injuries and complaints,
- B) Range of motion assessments,
- C) Assessments of the ability of a muscle to contract on demand (i.e. Muscle weakness).

The MAT treatments of muscle weakness (i.e. Inability to contract on demand) are a manual technique in which the muscle is palpated and massaged at its sites of attachment. Often these sites are sensitive when treated. At any time you have the option to stop the manual treatment and the alternative treatment with isometric contractions can be used.

(Client/Parent/Guardian initial_____)

After each treatment of a muscle there is a re-assessment of muscle weakness and range of motion. This process is repeated within the time frame of the session with the intention to balance range of motion and the ability of the muscles to contract on demand. I understand that the MAT treatment is designed to identify and treat muscular imbalances although no assurance of any of these results was given.

(Client/Parent/Guardian initial_____)

(CONTINUE ON NEXT PAGE OR BACK OF THIS PAGE)

Attendant Risks and Discomforts and Responsibilities of the Client:

The reaction of the body and particularly the muscular system to the treatment cannot be predicted with complete accuracy. Therefore there exists the risk of soreness, bruising, tissue tenderness and the possibility of exacerbation of symptoms from the treatment.

I understand that it is my responsibility to report any abnormalities that occur during or after receiving a MAT treatment.

(Client/Parent/Guardian initial_____)

As a follow-up to the session, exercises will often be given to re-enforce the results of the treatment. The exercises should not cause any pain or discomfort. If in performing the exercises they cause discomfort, I understand that I am to make adjustments in the intensity and/or position that the exercise is performed. If the discomfort is not relieved, I understand it is my responsibility to discontinue the exercise and inform the MAT Specialist of the discomforts it is causing.

(Client/Parent/Guardian initial_____)

I have read the foregoing information and I understand it and I accept the risks and responsibilities set forth. Any questions, which may have occurred to me, have been answered to my satisfaction.

Date:_____

Client Signature:_____

Print Client Name:_____

Client Parent/Guardian Signature:_____

Client Parent/Guardian Print Name:_____