



Whole Body Vibration (WBV)

CONTRAINDICATIONS & PRECAUTIONS WAIVER FORM

CONTRAINDICATIONS

***please check all that apply**

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|--|--|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Acute hernia |
| <input type="checkbox"/> Acute inflammation | <input type="checkbox"/> Retinal detachment |
| <input type="checkbox"/> Acute thrombosis/DVT/PE | <input type="checkbox"/> Acute discopathy/spondylopathy |
| <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Acute dizziness |
| <input type="checkbox"/> Open wounds/new incisions | <input type="checkbox"/> Severe osteoporosis (check BMD with MD) |
| <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Severe diabetes (check with MD) |
| <input type="checkbox"/> Complex regional pain syndrome/RSD | <input type="checkbox"/> Untreated orthostatic hypotension |
| <input type="checkbox"/> Malignant tumors | <input type="checkbox"/> Acute migraine |
| <input type="checkbox"/> Heart conditions (heart failure, severe cardiovascular disease, cardiac arrhythmia) | |
| <input type="checkbox"/> Metal and other implants (recently placed IUD or mesh sling, cardiac pacemaker, stent, valve, shunts; | |

***Please be aware that some conditions are relative contraindications depending on the time frame or the severity of the condition (i.e. recent surgery, heart conditions). WBV may be permitted with clearance from the physician.**

PRECAUTIONS

***please check all that apply**

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- Joint replacement (TKR, THR, total ankle replacement, total shoulder replacement - 2-3 mo. post op, with uncomplicated healing, clear with surgeon)
 - Fracture (2-3 months post injury with uncomplicated healing, clear with MD/surgeon)
 - Kidney stones/bladder stones/gallstones (clear with MD)
 - Vertigo (clear with MD)

Waiver

I _____ have read and understand the list of contraindications and precautions provided to me by this clinician/provider/fitness or wellness professional. Prior to beginning whole body vibration, I have asked all of my questions and addressed all of my concerns. I am aware that the clinician/provider/fitness professional may consult with my physician(s)/surgeon(s) to obtain clearance prior to initiating this treatment, if necessary. I am aware that I can stop or request to stop this treatment at any time should I feel uncomfortable or should I experience any undesirable sensations. I am aware that the clinician/provider/fitness or wellness professional may advise me to stop the exercise if any concerns arise or if I display any signs of distress or adverse reactions.

***Hypervibe, LLC is not responsible for any adverse effects that may be experienced as a result of a patient or client utilizing any of their whole body vibration units. It is the sole responsibility of the clinician/provider/fitness or wellness professional to utilize sound judgement through thorough review of the patient's/client's medical history prior to the individual choosing to participate in this form of exercise. The clinician/provider/fitness or wellness professional acknowledges that there may be other medical issues that are not indicated on this list about which the individual may inquire or about which a physician should be consulted prior to participating in whole body vibration. The clinician/provider/fitness or wellness professional and patient/client assume full responsibility to clarify those conditions which would preclude whole body vibration as an appropriate form of exercise.**