EW MOTION THERAPY MGMT
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CONSENT FOR PHYSICAL THERAPY

At EW Motion Therapy LLC, its entities, and its affiliates, we use a variety of physical therapy treatments to help us to try and improve your function. These may include, but are not limited to evaluation, treatment, soft tissue mobilization, therapeutic procedure/exercise, therapeutic activity, ultrasound, electrical stimulation, traction, neuromuscular education, iontophoresis, gait training, activities of daily living, and functional training. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

Because physical responses to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy, modality, or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition for which you are seeking treatment. There is also a risk that your treatment may cause pain or injury, or may affect previously existing conditions.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms, and testing results. You may also discuss what the potential risks and benefits of a specific treatment might be with your physical therapist. You have the right to decline any portion of your treatment at any time or during your treatment session.

Therapeutic exercises are an integral part of most physical therapy treatment plans. Inherent physical risks are associated with exercise. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

EW Motion Therapy LLC, its entities, and its affiliates also conduct educational activities. I understand that physical therapy students and other health care and post-graduate students may take part in these activities. These students may assist the clinical staff in my care and treatments. Any questions that I may have concerning the role of these students should be directed to the treating physical therapist.

I acknowledge that my treatment program has been explained by EW Motion Therapy LLC, its entities, and its affiliates and all of my questions have been answered to my satisfaction. I understand the risks and benefits associated with a program of physical therapy as outlined to me, and I wish to proceed.

Patient Signature	Patient Name (please print)	Date
Authorized Agent Signature	Authorized Agent Name (please print)	Date

REVISED MAY 2023