Total Body Chiropractic
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Soft Tissue Treatment - Informed Consent

Your exam indicates that you may benefit from soft tissue treatment. Soft-tissue treatments are designed to break up and re-organize scar tissue (adhesions) from old injuries and encourage proper healing and minimize scarring for new ones. This allows for the return of normal tissue function to injured areas. Accomplishing the goals of soft-tissue treatment can be achieved in different manners. **Graston Technique® (GT)** does this utilizing an instrument while **Myofascial Release Technique (MRT)** uses the hands. Often times, soft-tissue treatments are used in conjunction with chiropractic adjustments for the best results.

We believe soft-tissue treatment may be effective in your case; however, prior to initiating, we need to make sure the technique is right for you. Please answer the following questions. If you have any questions or concerns, please speak with your clinician.

Please answer all of the following questions to help us determine possible risk factors:
(Place an "X" in the box if the answer is "Yes", leave blank if the answer is "No".)

Question	Yes	Question	Yes
Do you bruise easily?		Do you have surgical implants in your body?	
Do you bleed for long periods of time after you cut yourself?		Have you been diagnosed with gout, RA, or other inflammatory arthritis?	
Are you taking blood thinners or anticoagulants?		Do you currently have any infections?	
Do you take aspirin on a regular basis?		Do you have uncontrolled high blood pressure?	
Have you take cortisone on a regular basis?		Do you have any skin conditions?	
Have you ever had inflamed veins or blood clots?		Do you have diabetes or kidney disease?	
Common side-effects or reactions to soft-tissue treatment:			
- Local discomfort during the treatment			
- Reddening of the skin			
- Superficial tissue bruising			
- Post treatment soreness			

I have read the previous information regarding risks and benefits of soft-tissue treatment and my clinician has explained my risks (if any) to me and suggested alternatives when those risks exist. I understand the purpose of my care and have been given an explanation of the treatment and alternatives to this care. All of my questions have been answered to my satisfaction. I agree to this plan of care understanding any perceived risk(s) and alternatives to this care.

_____ _____ _____ _____
Patient Name Date Patient/Guardian Signature Date

_____ _____
Doctor's Signature Date