

PARTICIPANT/STAFF AGREEMENT

The purpose of rehabilitation is:

- 1) Help you return to an active lifestyle as quickly as possible.
- 2) To educate you about the causes of your condition.
- 3) To empower you in your ability to manage your condition.

By signing this agreement I understand:

- 1) I will follow the physical therapy program as instructed.
- 2) I will come appropriately dressed for therapy (shorts, sweats or loose fitting slacks for back and LE conditions).
- 3) I will arrive on time for my appointments.
- 4) Reaching mutually agreed upon goals form the basis for continued treatment.

The responsibilities of the Physical Therapist include:

- 1) Education - Provide a clear understanding of my condition and instruct me in a home exercise program (empower).
- 2) Treatment – Utilize the right combination of manual therapy (soft tissue and joint mobilization), condition specific exercise program, and modalities if indicated (i.e. ultrasound, electrical stimulation, hot pack, and cold pack).
- 3) Communication – Describe rationale for treatment. Report progress or lack of progress to you and your physician. Reports are sent to your physician after the first visit, any follow-up visit, and after completion of PT.

I authorize Advanced Physical Therapy Center to evaluate my condition. I understand this is not a medical diagnosis and it is only a Licensed Physical Therapist's opinion. I hereby agree to be treated and cooperate as expected.

Patient

Date

Staff signature