

Myotherapy Informed Consent

Introduction

This document is to provide information to you, the patient/client, on how Maitland Myotherapy & Sports Massage manages the process of obtaining informed consent to provide treatments.

Practitioner Obligations

Maitland Myotherapy & Sports Massage are committed to providing a professional service to all patients/clients and carry out that service with due skill and care.

The therapist must fully inform the patient/client of all relevant risks, consequences and side affects to treatments provided and ensure that you fully understand these risks. Written and verbal INFORMED consent must be obtained prior to commencing treatments during an Initial consult and treatment. For a further 12 months, verbal consent must be gained prior to commencing further assessments and treatments.

The therapist must explain that the physical assessment and treatment I will receive may involve partial undressing and may require the therapist to palpate (touch) the area(s) of my body relevant to my presenting condition.

The therapist must discuss the procedures, the areas of the body to be treated, the undressing and dressing procedures, the draping procedures and the positioning on the table before and during treatment.

Patient/Client Obligations

I am required to give Written and verbal INFORMED consent prior to commencing treatments during an Initial consult and treatment. For a further 24 months, I understand that my attendance for future treatments shall constitute Written consent, however verbal consent must be gained prior to commencing further assessments and treatments.

I have provided, to the best of my knowledge, a detailed, true and accurate medical history and will update my therapist on any changes in my health status.

I have the right to question procedures used and to receive an explanation of any procedures and I have the right to withdraw my consent and either he or I have the right to stop the treatment at any time in the future.



I do not expect the therapist to have foreseen any previous or pre-existing condition(s) that I have not mentioned for this or any future treatment.

I understand that the risks specific to my individual circumstances may have a bearing on my decision to proceed with the proposed treatment.

I understand that treatments may produce side effects such as muscle soreness, bruising, headache, nausea, increased awareness of areas of pain and light-headedness, among other possible temporary outcomes.

The therapist explained that the physical assessment I will receive may involve partial undressing and may require the therapist to palpate (touch) the area(s) of my body relevant to my presenting condition.

I have the right to request evidence for treatment that may include the abdomen, anterior and lateral chest, and buttock and / or groin areas. I understand I have the right to refuse treatment of these (or any) areas.

I can ask any questions regarding any modification to the treatment plan. I should be totally comfortable with the explanation and reasoning for the change before consenting to the modification to the initial treatment plan.

I understand that if I (the patient) am under 16 years of age, a parent or guardian must be always present during treatments. No treatment will begin or continue until such time as this requirement is met.

I understand that if I am considered a “Vulnerable Patient” under the Vulnerable (includes Minors) Patients Policy a ‘carer’ may be permitted/required to attend for the duration of the treatment and consent to the treatment being performed