



Consent to Treat for Physical Therapy Services

Our clinical staff includes:

- *Ryan Dulling, Licensed Doctor of Physical Therapy
- *Forrest Dyer, Licensed Doctor of Physical Therapy
- *Rebekah White, Licensed Doctor of Physical Therapy
- *Summer Calloway, Licensed Doctor of Physical Therapy
- *Chelsea Rutledge, Licensed Physical Therapist Assistant

While your care will be primarily with one or two of the individuals listed above, any of them may participate in your physical therapy treatment. We also have rotating physical therapy students that may assist in your care under the supervision of your physical therapist.

The purpose of physical therapy is to treat disease, injury, and disability by examination, evaluation, diagnosis, prognosis, and intervention by use of rehabilitative procedures, mobilization, massage, and exercises. These examinations and procedures may involve hands-on bodily contact that can be sensitive in nature.

Response to physical therapy varies from person to person, hence it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Foothills Physical Therapy Group does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition you are seeking treatment for. There is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury. It is very important that you communicate with your treating physical therapist should you experience any discomfort, and throughout your treatment.

You have the right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort, pain, or have other concerns. It is also your right to ask your physical therapist about your treatment plan and any risks and benefits involved in your treatment.

I have read this consent form and understand the risks involved in physical therapy and agree to fully cooperate, participate, and comply with the established plan of care.

I hereby consent to receive physical therapy treatment from Foothills Physical Therapy Group.

Signature

Date