

Informed Consent to Treatment

Harmony Myotherapy requires that you make informed decisions regarding your treatment. As such, you are required to read and acknowledge with full understanding the following points regarding your Myotherapy treatment.

Treatment Information

Myotherapy treatment techniques recommended to you may include, but are not limited to: manual techniques, dry needling, myofascial cupping, joint (including spinal) mobilisation, therapeutic exercise, electrotherapeutic modalities, as well as other techniques, recommendations and procedures your treating Myotherapist determines may improve your function and achieve your desired goals.

I understand that results are not guaranteed. Your Myotherapist will explain the common benefits, side effects and potential complications of each chosen technique prior to commencing. When performed by a qualified Myotherapist the manual technique, joint techniques and others (listed above) are an effective and safe method of treatment for many conditions. However, in all medicine there are some very slight risks to any treatment. In the case of Myotherapy these include, but are not limited to; muscle and joint soreness, fatigue, dehydration, and/or an increase in symptoms in the short term.

In reading and signing this you acknowledge that your Myotherapist is not able to anticipate and explain all the possible risks and complications, but they will exercise their best judgement during your treatment and provide the best advice and care available based on the known facts at the time. Throughout your recovery program, any questions or concerns you may have about any recommended treatment must be shared with your Myotherapist immediately, so they can explain the treatment rationale and/or modify your program appropriately.

Special information regarding Dry Needling

Dry needling is within the scope of Myotherapy practice. There are however risks associated with this type of therapy and while the incidence of injury or adverse events are low, it is important to make all patients aware.

- Drowsiness may occur after treatment in some patients. If affected, you are advised to notify your Myotherapist and not to drive until the symptoms have resolved.
- Minor bleeding/bruising may occur after dry needling.

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- In a small percentage of patients, symptoms can become worse before improving. If the worsening of symptoms is concerning you, or lasts for more than 2 days, please contact the treating practitioner.
- Fainting is rare, but can occur.
- Local infections can occur if bacteria on the skin are introduced into a joint by the needle. This is very rare—0.014% per treatment.
- The risk of Pneumothorax (collapsed lung) is extremely unlikely (less than 1 in 70,000-1.3 million) with appropriate technique. Precautions will be always taken to avoid any complications. Should you experience any shortness of breath in 24-hour period after treatment, please seek medical advice. If you have any adverse reaction to the treatment, please contact the treating practitioner immediately.

Further information to note:

1. I understand that for my Myotherapist to carry out effective treatment, certain parts of my body may be exposed, and the Myotherapist will need to manually treat me. I understand that I will be always informed of this throughout the treatment.
2. During the course of treatment, my treatment plan may change as my condition changes.
3. Relevant information relating to my presenting condition and treatment, including the disclosure of treatment and recommendations may be provided to medical and other allied health and health colleagues, administrative staff, the practices attorneys, and debt collectors as well as medical aids.
4. Treatment will proceed in the manner described to me. Any questions about my treatment will be answered to my satisfaction.
5. I can decline treatment or withdraw from treatment at any time with full comprehension of the consequences and harm that may result.
6. I have read and understand the clinic policy that accompanies this document.

I _____ give consent for my treatment with full understanding of an agreement to the above

Signed (Patient): _____ Date: _____