

Patient Questionnaire and Informed Consent

Graston Technique[®] is a unique, evidence-based form of instrument-assisted soft tissue mobilization that enables clinicians to effectively and efficiently address soft tissue lesions and fascial restrictions resulting in improved patient outcomes.

GT uses specially-designed stainless steel instruments with unique treatment edges and angles to deliver an effective means of manual therapy. The use of the GT instruments, when combined with appropriate therapeutic exercise, leads to the restoration of pain-free movement and function.

Please answer the following questions. Read the statements concerning Graston Technique[®] (GT) and sign below. If you have any questions, please speak with your clinician.

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|---|-----|----|
| 1. Do you bruise easily? | Yes | No |
| 2. Do you bleed for a long period of time after you cut yourself? | Yes | No |
| 3. Are you taking blood thinners or anticoagulants? | Yes | No |
| 4. Do you take aspirin on a regular basis? | Yes | No |
| 5. Do you take cortisone on a regular basis? | Yes | No |
| 6. Have you ever had inflamed veins or blood clots? | Yes | No |
| 7. Do you have surgical implants in your body? | Yes | No |
| 8. Do you have diabetes or kidney disease? | Yes | No |
| 9. Do you currently have any infections? | Yes | No |
| 10. Do you have uncontrolled high blood pressure? | Yes | No |

The Graston Technique[®] protocol has several basic components. Your clinician will determine the protocol for you.

1. Warm up of the treatment area.
2. Graston Technique[®] Treatment.
3. High repetition, low load exercise.
4. One to three 30-second stretches.
5. Low repetition, high weight exercise.
6. Ice therapy.
7. Stretching/rehabilitation exercise.

All components of Graston Technique[®] have been explained to me. I understand the risks of the procedure and I give my full consent for treatment.

Print your name _____ Date _____

Your signature _____