



Treatment Information

I believe that successful outcomes are the results of both the clinician and the patient; I can only spend a couple hours each week with you. Therefore, to as efficiently and effectively address the issue(s) that you have it is going to require some time and energy on your part outside of our times together. My goal with everyone is to provide them the tools they need to become independent and self-sufficient so that my skill set is no longer needed.

To initiate care, I will do a full movement based evaluation. There is no charge for this; if I can help you we will figure out what works. If I cannot help you I will do my best to point you towards your next best step.

After the initial evaluation, each visit will be ~60 minutes with a cost of \$100. I will provide all needed equipment and supplies for these sessions. Typically, after the first full treatment session I will provide you with a video of interventions specific for you (there is no cost for this). I will do my best to ensure all equipment utilized is equipment you have access to; if there is something that you do not have, I will provide you options to get the needed equipment.

All scheduling will be handled via text messaging and confirmation that will include the time and location of each session. I am also available for questions following each session as needed via text (I may not respond immediately, but I will respond as quickly as I am able).

Treatment interventions may include any of the following options:

- Dry needling/E-stim
- Positional Release Therapy
- Graston Techniques
- Movement based interventions
- Manual trigger point work
- Clinical K3 Techniques
- Breathing Based Interventions
- Active Release Therapy
- Instrument Assisted Soft Tissue Mobilization
- Myofascial Release
- Lymphatic Massage

If you have any questions or need further clarification, please do not hesitate contact me.

Brandon



CONSENT TO TREATMENT AND DISCLOSURE OF INFORMATION

Consent is hereby granted by the undersigned to Outlaw Movement Systems, LLC., to proceed with any medical treatment, including an evaluation.

Consent: I request and authorize treatment as may be deemed necessary and appropriate by the licensed Athletic Trainer. This care may include all modalities, exercises, and manual therapy.

No Guarantees: I am aware that orthopedic rehabilitation is not an exact science and I acknowledge that no guarantees or promises have been made to me as to the result of the treatments which I hereby authorize.

Payment: I assign and authorize a fee-for-service payment structure of \$100 per session which includes any and all services rendered. I agree to pay, at the time of service, all fees.

Records: I understand and agree that information including information about my injury/condition, will be documented and retained according to the State Statutes of Missouri overseeing the profession of Athletic Training.

I have read this form or it has been read to me and I am satisfied and understand its contents. I further understand that this consent will be deemed continuing and I am free to withdraw my consent at any time

Printed Name

Signature

Date



Dry Needling Informed Consent

Please review the following information **PRIOR** to consenting to application of dry needling techniques which is recommended by your healthcare provider as a part of the therapy plan of care. Dry Needling is an invasive technique that utilizes thin, solid filament needles to treat dysfunctional tissues.

Like any medical procedure, there are possible complications. While these complications are uncommon, they do sometimes occur and must be considered prior to giving consent to the procedure.

- You may experience **an increase in pain** for one to two days followed by an expected improvement in your overall symptoms.
- You may experience **a general feeling of fatigue** following treatment as your body requires energy to assist in healing the tissue dysfunction.
- A needle may be placed inadvertently into the lung tissue creating **a small hole in the lung**. There is minimal risk involved with a cautious and experienced healthcare provider performing dry needling.
- You may experience a **small bruise** or **localized bleeding** in the region of the inserted needle.
- You may also experience any of the following during treatment: A feeling of **relaxation**, an **increase in energy level**, **dizziness**, **nausea**, **sweating**, or **irritation at the site of needle insertion**.

Please indicate below if you have any of the following conditions:

- Yes No **HIV or AIDS or Hepatitis**
- Yes No **Unstable Blood Pressure**
- Yes No **Current or Recent Infection**
- Yes No **Pacemaker**
- Yes No **Current use of Blood Thinning Medication**
- Yes No **Cancer**
- Yes No **Current use of Immunosuppressant Medication**
- Yes No **Diabetes**
- Yes No **Fear of needles**
- Yes No **Currently Pregnant**

I have read this form and I understand the risks involved with dry needling therapy. I have had the opportunity to ask questions and express any concerns, of which have been answered to my satisfaction. I also agree to advise my healthcare provider of any and all changes in my physical condition whether or not I believe these changes will affect my care.

I consent to dry needling treatment.

Patient Signature: _____ Date: _____