



Charter Physical Therapy, LLC®  
*Setting Your Course for Recovery and Wellness*

Dear Patient:

Physical therapy involves the use of many different types of physical evaluation and treatment. At Charter Physical Therapy, we use a variety of procedures and modalities to help us to try and improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

Modalities used in physical therapy include ultrasound, electrical stimulation, iontophoresis, phonophoresis, spinal traction, superficial heating agents, cryotherapy, and vasopneumatic compression.

- Ultrasound** is the application of deep heat via inaudible acoustic vibrations that penetrate into the soft tissues. The physiological effects of ultrasound include increased blood flow, expedited soft tissue healing, remodeling of scar tissue and joint contractures, decreased chronic inflammation, burn healing, pain reduction, and decreased swelling.
- Electrical Stimulation** is used for pain relief, decreased swelling, and muscular re-education. There are various types of electrical stimulation that can be applied such as T.E.N.S. (Transcutaneous Electrical Nerve Stimulation) ,Russian stimulation for muscular re-education, and hi-volt stimulation to assist areas in the body where nerve innervations has been compromised.
- Iontophoresis** uses electrical current to propel topical medication through the skin used as an anti-inflammatory agent in pain management of acute and sub-acute soft tissue injuries.
- Phonophoresis** propels topical ointments through the skin by ultrasound to treat superficial inflammations.
- Traction** uses manually or mechanically generated forces to stretch and mobilize the spine by stretching tight spinal muscles and widening intervertebral foramen to relieve nerve root impingement.
- Superficial Heating Agents** such as moist heat packs, warm whirlpool, and paraffin wax are used to decrease pain, increase blood flow, and prepare stiff joints and soft tissue for treatment.
- Cryotherapy** such as cold packs, cold baths, and ice massage are used to reduce inflammation, decrease muscle spasms, and provide relief from trigger points.
- Vasopneumatic Compression** uses external pressure to decrease swelling and pain.

Manual physical therapy is a specialized form of physical therapy delivered with the hands as opposed to a device or machine. In manual therapy, practitioners use their hands to put pressure on muscle tissue and manipulate joints in an attempt to decrease pain cause by muscle spasm, muscle tension, and joint dysfunction.

Therapeutic exercise, neuromuscular re-education, functional training, balance training, and gait training are components of most physical therapy treatment plans. These activities have inherent physical risks associated with them. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, you therapist will be glad to answer them.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition for which you are seeking treatment. There is also a risk that your treatment may cause pain or injury or may aggravate previously existing conditions.

You have the right to ask your physical therapy what type of treatment he or she is planning based on your history, diagnosis, symptoms, and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time before or during your treatment session. Additionally, you may choose to consult your physician regarding alternatives to physical therapy.

**I acknowledge that my treatment program has been explained by Charter Physical Therapy and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of physical therapy as outlined to me, and I wish to proceed.**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_