

**Canyon Physical Therapy & Aquatic Rehabilitation  
Consent of Treatment**

I do hereby consent to such treatment by the authorized personnel of Canyon Physical Therapy & Aquatic Rehabilitation as may be dictated by prudent medical practice for my illness, injury or condition. This consent is intended as a waiver of liability for such treatment except acts of negligence.

**AGREEMENT TO USE EXERCISE ROOM**

As part of your Physical Therapy treatment, we anticipate having you use our exercise equipment area. This area consists of exercise equipment and tables where you may receive treatment. Because of the nature of this arrangement, other patients may see parts of your treatments. We are committed to protecting your privacy and will keep your health information confidential. If at any time during your treatment you ever feel uncomfortable, please request to be moved into a private treatment room.

**AQUATIC PHYSICAL THERAPY PROGRAM AGREEMENT TO PARTICIPATE**

Aquatic physical therapy can have benefits for a wide variety of patients and diagnoses. This type of rehabilitation can help an individual regain function after an injury. At the same time it helps maintain or improve your current level of fitness while the body heals. It is a safe and progressive type of rehabilitation because it takes place in a gravity eliminated/reduced environment and diminishes impact from weight-bearing joints.

You do not need to know how to swim to participate and your treatment will be directed by a licensed physical therapist. Activities may include water walking, running, stabilization, flotation and using various buoyancy or resistance producing equipment. General strengthening exercise using the water as resistance or assistance, depending upon the goal of treatment, will also be incorporated into your program.

Your program will be designed based upon your specific needs as identified by your physical therapist and approved by your physician. The session will be approximately 30-60 minutes in duration and when the treatment concludes you must exit the pool and supervisory responsibility by the physical therapist is no longer in effect. The pool deck and adjoining areas may be wet and caution must be taken by the patient when ambulating in these areas. You should also leave your self adequate time prior to and after using the pool to change clothing and other personal care needs.

Risks may include, but are not limited to, allergic skin reactions, changes in blood pressure, lightheadedness, eye irritation, swimmer's ear, dehydration and hyperthermia.

It is assumed that the participant will disclose any conditions that may prevent or be relevant to safe participation in the aquatic exercise program. I understand that my participation is voluntary and I can cease participation at any time. This is part of the physical therapy program based upon the physical therapist's evaluation and will conclude once the goals are met or progress plateaus.

**ACKNOWLEDGEMENT OF RECEIPT OF CONSENT OF TREATMENT, AGREEMENT TO USE EXERCISE ROOM, AGREEMENT TO USE POOL, CANCELLATION / NO SHOW POLICY, AND THE NOTICE OF PATIENT PRIVACY & INFORMATION PRACTICES.**

I have received, read and fully understand the above mentioned documents and agree to the participation of these documents.

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**PATIENT SIGNATURE (OR LEGAL GUARDIAN SIGNATURE)**

\_\_\_\_\_  
**DATE**