



Kinesiology - Consent

Privacy and Sharing of Information

I authorize Lisa's Holistic Rehab & Neurofeedback ("the clinic") and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

Legal Limitations of Confidentiality: 1. In the event that the service provider receives a court subpoena requiring information on a client, such information will be provided. 2. If the client threatens to harm him/herself or someone else, and the service provider believes this to be a serious threat, information must be shared with the appropriate person(s). 3. If the service provider is made aware of, or suspects, a child/children under the age of sixteen (16) is being abused or neglected and/or living in a situation where there is violence, that information will be provided to the appropriate child protection services.

- I have read, or had read to me, the policies surrounding privacy and sharing of information and the legal limits of confidentiality. I understand and agree with the conditions listed in the above-mentioned sections of this form

Consent for Assessment and Treatment

Kinesiology may involve the use of a variety of physical fitness evaluations and treatment techniques, along with various procedures and modalities used to assist in improving your health and functional ability. As with all forms of medical treatment, there are benefits and risks involved with this type of treatment. 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 any given component or procedure. We are not able to guarantee precisely what your reaction to a particular assessment or treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury or may aggravate previously existing conditions.

You will be informed of (and have the right to ask about) the type of treatment that is being planned based on your history, diagnosis, symptoms and assessment findings. You may also request additional detail regarding the potential risks and benefits of a specific treatment if the

initial explanation is unclear to you at any time. You have the right to decline any portion of your treatment at any time before or during your treatment sessions.

Therapeutic exercises are an integral part of most treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding any part of your treatment, including any exercise and the possible risks or side effects that may be associated with it, it is important you advise the kinesiologist of your concerns at the earliest opportunity.

Risks and Discomforts: During testing and exercise you may experience changes in your physical condition. The changes may include, but are not limited to, abnormal blood pressure responses, fainting, irregular heartbeat, heart attack and, in extremely rare circumstances, death may occur. Every effort is made to minimise these occurrences. Every care and caution are implemented to prevent any adverse responses and to respond should they occur.

There is the slight possibility of straining a muscle or spraining a ligament during muscular fitness testing or training. In addition, you may feel muscle soreness 24 to 48 hours following testing or training sessions, commonly referred to as DOMS or “delayed onset muscle soreness.”

The chance of these conditions occurring can be minimised by performing a proper warm-up prior to the test or exercise sessions. If muscle soreness does occur, please identify the change to the therapist/trainer so they may modify or restrict the activity to limit these symptoms, if possible.

- I have read and fully understand the information contained herein, including risks, and hereby provide my informed consent to being assessed and treated by the kinesiologist.

Consent to Touch

Touch is used in kinesiology as a way to provide feedback, cue, or improve a movement or activity. It can also be used to help a client with body awareness. The following are reasons why the kinesiologist may use a professional touch with the client: - Correct form while doing an exercise. - Assist with spotting during an exercise. - Help the client understand the muscle, or muscles, where they should feel the effort during an exercise or stretch. - Correct form or technique during a movement. - Give encouragement during physical activity (high-five, fist bump). - Take vital signs (blood pressure, heart rate). - Take biometric measurements (waist circumference or skinfold measurements). - Complete fitness assessments. Appropriate touch can help clients improve form and technique, improve and understand body mechanics,



understand musculature, or improve stability. While touch is not absolutely necessary, it can enhance instruction.

I fully understand that during the performance of my personal kinesiology assessment and treatment program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

- I have read this Informed Consent form regarding Consent to Touch, fully understand its terms, and sign it freely and voluntarily, without inducement.

- I do not consent to appropriate therapeutic touch during kinesiology assessments or treatment.

Name (Print) _____

Signature: _____

Date: _____