

# Back In Action Chiropractic

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## Patient Questionnaire and Informed Consent

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

Yes    No

1. Do you bruise easily?
2. Do you bleed for a long period of time after you cut yourself?
3. Are you taking blood thinners or anticoagulants?
4. Do you take aspirin on a regular basis?
5. Do you take cortisone on a regular basis?
6. Have you ever had inflamed veins or blood clots?
7. Do you have surgical implants in your body?
8. Do you have diabetes or kidney disease?
9. Do you currently have any infections?
10. Do you have uncontrolled high blood pressure?

Graston Technique® (GT) is a system of instrument-assisted soft tissue mobilization that utilizes a set of six instruments that aid the GT trained clinician in detecting treatable soft tissue lesions. The GT instruments consist of six stainless steel instruments of various sizes and contours. GT is a form of treatment used to “break up” or “soften” scar tissue, thus allowing for the return of normal function in the area being treated.

Graston Technique® may produce the following:

1. Local discomfort during the treatment.
2. Reddening of the skin.
3. Superficial tissue bruising.
4. Post treatment soreness.

Graston Technique® is designed to minimize discomfort; however the above reactions are normal, and in some instances desirable and unavoidable.

The Graston Technique® protocol has several basic components. Your clinician will determine the protocol for you which may include the following components that are selected after a comprehensive evaluation has been performed.

1. Warm up of the treatment area.
2. Graston Technique® Instrument Assisted Soft-Tissue Treatment.
3. Therapeutic exercise to include appropriate stretching and/or strengthening which will be performed before, during or after your GT treatment.
4. Ice therapy.

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.

Name

Your signature

**GrastonTechnique.com**

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