

Sharon Frazier

R E S T O R A T I V E F U S I O N ™

INFORMED CONSENT: MOVEMENT THERAPY PROGRAM

General Statement of Program Objectives and Procedures: I understand that this movement therapy program may include exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle strength, endurance and flexibility; bone mass), and to improve body composition (decrease of body fat with an increase in weight of muscle and bone). Exercises may include aerobic activities (treadmill walking/running, bicycle riding, stair climbing, rowing machine exercise, etc.), calisthenics and weight lifting to improve muscular strength and endurance, neuromuscular release and stretching exercises to improve flexibility.

Description of Potential Risks: I understand that the reaction of the heart, lung and blood vessel system to such exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics can lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression and safety procedures are not followed.

Description of Potential Benefits: I understand that a program of regular exercise for the heart and lungs, muscles and joints has many associated benefits. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in psychological function and a decrease in risk of heart disease.

I have read the foregoing information and understand it; any questions which have occurred to me have been answered to my satisfaction. Any information obtained during the course of the training sessions will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed written consent.

Signature of Participant _____ Date _____