

Sports Injury Therapy – Client Consent Form

1. Purpose of Sports Injury Therapy

Sports Injury Therapy aims to assess, treat, and help prevent musculoskeletal injuries and pain related to sport, exercise, work, or daily activities. Treatment may support:

- Pain reduction
- Improved mobility and flexibility
- Injury rehabilitation
- Enhanced physical performance
- Injury prevention and long-term musculoskeletal health

Treatment is tailored to the individual and based on the information provided during assessment.

2. Treatment Techniques That May Be Used

I understand that my treatment **may include**, but is not limited to:

- Soft tissue therapy (including massage, deep tissue, trigger point work)
- Joint mobilisation (non-manipulative)
- Stretching and flexibility techniques
- Exercise prescription and rehabilitation programmes
- Myofascial release
- Cupping
- Sports taping or strapping
- Postural and movement assessment
- Advice on activity modification, recovery, and injury prevention

I acknowledge that **no treatment is guaranteed to produce specific results**.

3. Potential Benefits

I understand that potential benefits of sports injury therapy may include:

- Reduction in pain and muscle tension
 - Improved joint range of motion and flexibility
 - Enhanced circulation and tissue healing
 - Improved functional movement
 - Support for recovery from injury
 - Better understanding of my condition and self-management strategies
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Wellbeing, Performance, Rehabilitation & Pain Relief

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4. Potential Risks and Side Effects

I acknowledge that, as with any physical therapy, there are potential risks and side effects, which may include:

- Temporary soreness, stiffness, or discomfort
- Mild bruising or redness that might last a couple of days
- Fatigue following treatment
- Temporary increase in symptoms
- Light-headedness or headache

Rare but more serious risks may include:

- Nerve irritation
- Muscle strain
- Aggravation of an existing condition

I understand that I should **inform the therapist immediately** if I experience pain, dizziness, numbness, tingling, or discomfort during treatment.

5. Medical Disclosure and Responsibility

I confirm that:

- I have disclosed all relevant medical conditions, injuries, medications, and allergies
- I will inform the therapist of any changes to my health status
- I understand that withholding relevant information may increase risk

I acknowledge that the therapist may **decline or modify treatment** if it is deemed unsafe or outside their scope of practice.

6. Contraindications and Referral

I understand that sports injury therapy may not be suitable in certain circumstances and that the therapist may recommend:

- Referral to a GP, chiropractor, physiotherapist, or other healthcare professional
 - Delaying or discontinuing treatment if contraindications are present
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