



## **Intermuscular Manual Therapy Consent Form**

Intramuscular Manual Therapy (IMT) involves placing a small needle into the muscle at the trigger point in order to cause the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing symptoms. Because the needles are so thin, the patient often does not even feel the needle go in, but will quickly feel the relief of the muscle relaxing. This treatment may be appropriate for the treatment of your dysfunction, but your therapist will discuss the treatment before performing the technique with your consent.

IMT has been a valuable treatment for musculoskeletal pain here in Colorado since 2005. It is a beneficial treatment for chronic back pain, osteoarthritis, headaches, sciatica, and tendonitis. Like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving consent to treatment.

### **Risks of the procedure:**

The most serious risk associated with IMT is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe lung puncture can require hospitalization and re-inflation of the lung. This is a rare complication and in skilled hands should not be a concern.

Other risks may include bruising and/or infection. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from IMT is unlikely.

Please consult with your practitioner if you have any questions regarding the treatment above.

Do you have any known disease or infection that can be transmitted through bodily fluids? **YES NO**  
**If you marked yes, please discuss with your practitioner.**

Please sign and date acknowledging that you have read and understand the risks involved with IMT treatment. By signing this consent form you are not required to receive the IMT treatment and can start or stop treatment at any time by discussing your treatment with your practitioner.

---

Printed Name

---

Signature

---

Date

# Synergy Manual Physical Therapy

## Financial Policies

- We are pleased to have you as a patient and will make every effort to make our services accessible. If at any time, you find it difficult to make your payments, please discuss this with us. You will be responsible for paying your annual insurance deductible, copayment, and/or co-insurance. Copayments and supply fees are due at the time of service. Claims are submitted to your insurance company.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- Your appointment is specifically reserved for you, it is essential you attend and arrive on time. You will find that we do our best to run on time and we respect that your time is as valuable as ours. If you don't show up for a scheduled appointment a \$40 fee will be assessed. This is not charged to your insurance, it is charged to you. We require at least a 6 hour notice of cancellation. We understand unforeseen circumstances such as illness, car trouble, and family emergencies, so this is at the discretion of them management. If you are going to be more than 5 minutes late for a scheduled appointment, please call and inform the front desk. We will try and accommodate you, if possible, though we reserve the right to charge a "no show" fee of \$40 if you are late and the therapist is unable to see you.
- If you are a self pay patient you will be responsible for payment at the time of service. We will not bill insurance for any services provided and you may not submit for reimbursement from your insurance company. Please refer to the 'Self Pay Patient Notice' for specific information related to your treatment at our facility.
- All returned checks will be charged the original amount plus a \$35 returned check fee. If a check is returned we will not be able to accept that form of payment from you in the future.
- If you receive the following services (Needles, Kinesio Tape, and Iontophoresis) a supply fee will be assessed at the time of service.

Needles \$5	Kinesio Tape \$5	Iontophoresis \$10
-------------	------------------	--------------------

I understand and agree to comply with the above noted policies.

---

**Signature of Patient or Guardian**

**Date**