

### Consent for Soft-Tissue Therapies

Soft-tissue therapies may consist of, but may not be limited to, Myofascial Decompression (MFD)/"Cupping", Instrument-Assisted Soft-Tissue Mobilization (IASTM), muscle releases, sport massage, lymphatic massage, and stretching. I am aware of the following potential side-effects that can occur from the above soft-tissue therapies:

- Bruising (may last days-several weeks)
- Red and/or dark marks, specifically round or circular patterns from MFD (may last days-several weeks)
- Redness (may last days-several weeks)
- Localized swelling
- Tenderness and soreness
- Increased ranges of motion
- Headaches
- Pain during and/or after soft-tissue therapies
- Localized superficial bleeding

The Certified Athletic Trainer reserves the right to refuse to perform soft-tissue therapies on certain individuals due to contraindications that may harm her. Please answer "Yes" or "No" to the following questions by circling:

-Individuals who have been diagnosed with any bleeding disorders and/or are being treated with anticoagulants should not be treated with soft-tissue therapies such as MFD, IASTM, or sport massage.

Do you have a history of or been diagnosed with a bleeding disorder? • **Yes** • **No**

Do you have a history of using anticoagulants or are currently using anticoagulants? • **Yes** • **No**

-Are you currently undergoing treatment for cancer? • **Yes** • **No**

If you answered "Yes", what form of cancer?

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I understand the risks involved with various soft-tissue therapies. I have accurately answered the above information to the best of my knowledge on behalf of my daughter and understand that withholding information from the Certified Athletic Trainer may cause serious risks and side-effects. I give permission for the Certified Athletic Trainer to perform soft-tissue therapies on my daughter as seen necessary.

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Parent Name

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Date

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Parent Signature

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Student Name

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Date

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Student Signature