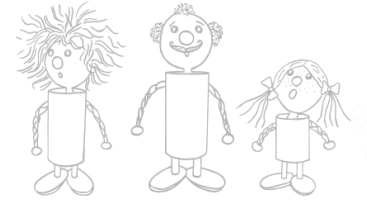


Praxis für Klein und Groß
Andreas Koebsell

Säuglinge • Kinder • Erwachsene

Physiotherapie, Manuelle Therapie & Osteopathie



Surname, first name of patient

Date of birth

MANUAL THERAPY - Patient information

Manual therapy is a special form of treatment for disorders of muscle, joint and nerve functions and the resulting restrictions. Both acute and chronic complaints can be treated and alleviated. During the treatment, the spine or joints of the extremities are mobilised by therapeutic hand movements. Manual therapy always aims to restore muscle and joint functions and to relieve pain.

Fields of application:

- back pain / disc problems
- shoulder and neck complaints
- headache
- jaw joint disorders
- wear and tear of joints (arthrosis) and its consequences
- muscle or nerve problem (sciatica, tennis elbow)
- pain/problem after tendon and ligament injuries
- complaints/limited mobility after bone fractures
- and many others...

Contraindications / limited treatment with:

- fresh soft-tissue injury to the cervical spine (4-8 weeks after trauma)
- post-traumatic segmental hypermobility
- acute herniated lumbar disk with radicular symptoms
- acute cervical herniated disk with and without radicular symptoms
- acute inflammatory reactions in the joints, acute inflammatory stages of chronic diseases
- advanced osteoporosis
- tumours and metastases depending on localisation, medical clarification required
- There are no contraindications for a soft mobilisation in the unrestricted direction (particularly in traction mobilisation).

Risks of the treatment:

- temporary pain similar to sore muscles
- slight discomfort in the treated vertebral joints and in the skin occurring occasionally
- light dizziness and circulatory symptoms in treatment of the cervical spine
- in rare cases (with a probability of 1/400,000 to 1/2,000,000), subject to corresponding circumstances, a cerebral haemorrhage or a stroke can occur after treatment of the cervical spine.

Patient's individual risk factors: _____

Therapist's notes: _____

- I declare that I have been informed clearly and comprehensively about the examination and treatment by Manual Therapy. My questions have been answered to full extent. I wish to receive treatment by Manual Therapy. In case of any health problem, I will immediately inform the therapist or a doctor. A guarantee of success cannot be given.
- I renounce information and clarification and yet wish to receive treatment by Manual Therapy.

Date / Signature (parent/guardian if applicable)

Signature of therapist/Stamp