



Compression Therapy Informed Consent

Compression therapy is a non-invasive modality proven to increase circulation and range of motion, reduce pain and soreness, boost pressure to pain threshold and clear lactate and metabolites from the limbs after physical activity.

This modality pairs compression with a sophisticated massage pattern, employing three key forms of biomimicry, including pulsing, gradients, and distal release.

- The pulsing action uses dynamic compression, effectively mimicking the muscle pump of the legs and arms, to greatly enhance the movement of fluid and metabolites out of the limbs.
- Hold pressures are used, similar to the one-way valves of veins and lymphatic vessels, to prevent fluid backflow, and enhance the natural circulatory flow.
- The distal release feature releases hold pressures once they are no longer needed, ensuring that each portion of the limb gains maximal rest time without a significant pause between compression cycles.

Once you are set up on the devices, you will first experience a pre-inflate cycle, during which the attachments fill with air to calibrate and mold to their exact body shape. The session will then begin by compressing your feet or hands (depending on which attachment you are using). Similar to the kneading and stroking done during a massage, each segment of the attachment will first compress in a pulsing manner and then release. This will repeat for each segment of the attachment as the compression pattern works its way up the limb. This stimulates blood flow, massages the muscles, and works in harmony with the body's circulatory system to mobilize fluid out of the extremities and back up towards the heart.

I understand the above and consent to treatment

This form is a tool to help your clinician determine if you are a candidate for compression therapy. Please check YES or NO to the questions below:

YES NO Do you currently have any open wounds, contusions or abrasions?

YES NO Are you recovering from a recent surgery and have sutures or stitches?

YES NO Are you suffering from severe atherosclerosis, acute deep vein thrombosis, or other ischemic vascular diseases?

YES NO Are you suffering of congestive cardiac failure?

YES NO Do you have an existing pulmonary embolism or pulmonary edema?

YES NO Do you have a local skin condition such as gangrene, untreated or infected wounds, recent skin graft or dermatitis?

YES NO Have you been diagnosed with lymphangiosarcoma?

If you answer YES to any of these questions, you will need to discuss details of your condition with your clinician prior to receiving treatment.

Patient/Parent/Guardian Name (Print Name)

Patient/Parent/Guardian Signature

Date

The ultimate decision to recommend treatment lies with your health care provider.
Speak with your health care provider if you have further questions about compression therapy.