

Graston Technique® Questionnaire and Informed Consent

Please answer the following questions. Read the statements concerning Graston Technique, and sign below. If you have any questions, please speak with your clinician.

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|---|-----|----|
| 1. Do you bruise easily? | Yes | No |
| 2. Do you bleed for a long period of time after you cut yourself? | Yes | No |
| 3. Are you taking blood thinners or anticoagulants? | Yes | No |
| 4. Do you take aspirin on a regular basis? | Yes | No |
| 5. Do you take cortisone on a regular basis? | Yes | No |
| 6. Have you ever had inflamed veins or blood clots? | Yes | No |
| 7. Do you have surgical implants in your body? | Yes | No |
| 8. Do you have diabetes or kidney disease? | Yes | No |
| 9. Do you currently have any infections? | Yes | No |
| 10. Do you have uncontrolled high blood pressure? | Yes | No |

Graston Technique (GT) is an instrument assisted variation of traditional cross fiber or transverse friction massage. The GT instruments consist of six stainless steel tools of various sizes and contours. GT is a form of treatment used to “break up” or “soften” scar tissue, thus allowing for the return of normal function in the area being treated.

Graston Technique may produce the following:

1. Local discomfort during the treatment.
2. Reddening of the skin.
3. Superficial tissue bruising.
4. Post treatment soreness.

Graston Technique is designed to minimize discomfort; however the above reactions are normal, and in some instances unavoidable.

Graston Technique has several basic components. Your clinician will determine the protocol for you.

1. Warm up of the treatment area.
2. Graston Technique Instrument Assisted Soft-Tissue Manipulation.
3. High repetition, low load exercise.
4. One to three 30-second stretches.
5. Low repetition, high weight exercise.
6. Ice therapy.
7. Stretching/rehabilitation exercise.

All components of Graston Technique have been explained to me. I understand the risks of the procedure and I give my full consent for treatment.

Print your name _____ Date _____

Your signature _____