FİZİK TEDAVİ VE REHABİLİTASYON  
BİLGİLENDİRİLMİŞ ONAM FORMU\_İNGİLİZCE

PHYSIOTHERAPY AND REHABİLİTATİON  
INFORMED CONSENT FORM

The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional Information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision vvhether or not to accept these procedures. You are entitled to refuse to be informed except for the legal and medical necessities or withdraw your consent at any time.

**What is Physiotherapy?**

Physiotherapy is a non-drug treatment applied in musculosceletal system diseases or injuries. It can be applied alone or in addition to oral treatments.

**What are Diagnosis, Treatment and Follow-up Approaches in Physiotherapy and Rehabilitation Service?**

The diagnosis, treatment and follow-up of the following is made in the physiotherapy and rehabilitation service:

* Ali musculasceletal system diseases,
* Ali rheumatic diseases,
* Painful conditions,
* Nerve entrapments,
* Cerebrospinal and peripheral nerve paralyses,
* Stroke and cerebral palsy,
* Eburnation and ankylosis, disability of articulations,
* Spasticity,
* Lymphedema causing swelling in the arm and leg,
* Acute and chronic conditions of diseases and cases like fracture and trauma.

Physiotherapy and rehabilitation practices allow effective treatment in several diseases without any medical (medical-drug) and surgery (operation) treatment and in chronic pain cases as well as functional disability.

Physiotherapy and rehabilitation practices may be useful and necessary if the medical and surgical treatments are insufficient-ineffective-unnecessary, and if there is the possibility that the disease will become chronic and show progress, and that daily life is adversely affected or disability has developed.

**What are Physiotherapy and Rehabilitation Practices?**

A physiotherapy program is planned in view of the condition of the disease. Physiotherapy should be made under the supervision of a specialist doctor. This therapy program may include administration of the drug and physiotherapy agents, and one or a few of the therapeutic exercises.

The physiotherapy to apply may involve one or more of the follovving:

* Cold application,
* Superficial heat (infrared, hot pack, paraffin, vortex bath),
* Deep heat (ultrasound, shortvvave diathermia, radar),
* Electrotherapy (tens, electrostimulation, vacuum-interference, diadynamism, galvanic-faradic current),
* Hydrotherapy (contrast bathroom, thermal spring therapy, undervvater massage, electrogalvanic bathroom, vortex bath),
* Mechanotherapy (mobilization and manipulation, traction, pneumatic compression, splint, brace, corset, bandage, stick ete supports),
* Complex physicai therapy (lymph drainage and Imyphatic bandaging performed by hand),
* Physiotherapy methods such as therapeutic exercise practices.

**What is the Duration of Physiotherapy?**

10 to 20 sessions are applied each lasting 1 to 1.5 hours based on the disease.

**Are Physiotherapy Practices Painful?**

The patient feels no pain during pysiotherapy practices painful? Hovvever, if the patient suffers from partial disability of articulations, for example if he is unable to lift his shoulder, then there might be a slight pain because the physiotherapist will have to do stretehing exercises.

**Who are Administered Physiotherapy?**

Physiotherapy is applied to those with pain and dysfunction for different reasons on the shoulder, arm, leg, elbow, feet, hand and wrist articulations and peripheral tissues as vvell as vertebral areas such as vvaist, back and neck, those not in aetive phase of inflammatory rhemateudal diseases, those with weakness in musdes and eburnition and dysfunction of articulations. It will be applied to those having partial or total paralysis in the body and limbs as a result of brain or nervous damage, and those forming swells in limbs as a result of poor lynph circulation outside of the movement system.

**In Which Cases Should We Refrain from Physiotherapy?**

Application is inconvenient during aetive phases of inflammatory rheumatoid diseases (times when articulations are svvollen, hot and painful) and on embolisms, varicosities, öpen wounds and inflammatory areas.

Lymph drainage should be prohibited in individuals with coronary and renal failure, deep vein thrombosis, aetive malign disease.

**What are the Benefits of Physiotherapy and Rehabilitation Practices?**

* Reduction and recovery of pain, hypokinesis, formication and weakness,
* Eliminating or lowering the lymphedema in the arm or leg, lowering the infeetion risk associated with edema,
* Very rare side effects, and slight and temporary, if any,
* Preclusion of unnecessary medical and surgical treatments in several cases,
* Less use of drugs,
* Effective treatment in several diseases untreatable with medicine or surgery,
* Prevention of progress of diseases and from getting chronic,
* Increase of quality of life.

**What are the Probable Risks and Side Effects of Physiotherapy and Rehabilitation Practices?**

* They are treatments with quite few side effects and risks. Stili, undesired effects such as bleariness and sensitivity in skin can be seen.
* Very rare significant risks are skin burns, arrhythmia of the heart, extreme sensitivity of the skin, changes in blood pressure, damaging-breaking of muscles-tendons opening disabilities of the articulations, and electricity shock.
* Risks are rare in presence of appropriate technique, adequate medical material and experienced medical personnel. If you are harmed by an injection, then ali kinds of medical attempts shall be to eliminate.
* To reduce the frequency of these cases to a minimum, you should inform your doctor in detail about your medical history before the practice. You should inform your doctor of your known drug allergies and diseases.

**What are the Problems to Arise in Lack of Physical Therapy?**

Physiotherapy is a supporting therapy method. Failure of application bears no vital risk, hovvever, it is an efficient method in relieving pain and correcting functions.

In the cases where the recommended treatment method is not accepted, the pain and the continuing or progressing loss of functions due to not taking the appropriate treatment and infections which may be associated with swellings may lead to an increase in the impairment of your heaith.

**What are the Alternative Treatment Approaches?**

* Various drug therapies and in some cases surgical approaches may be alternatives to treatment of the disease.
* Ali of these diseases are multidisciplinary (concerning several clinics) diseases. Where necessary in the course of diagnosis, therapy and follow-ups, medical support is received from other relevant Services.

Diagnosis\_

Treatment/procedure to be applied

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered ali my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveiliance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying Information is kept hidden.

**Patient's**

Full Name: Signature: Date: Time:

Date of Birth:

**Legal Representative's**

Full Name: Signature: Date: Time:

Degree of Relationship:

Reason why the consent is delivered by legal representative of the patient: □ Patient is not conscious □ Patient is under 18

□ Patient is not entitled to make decision □ Emergency

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| **VVitness’**  Full Name: | Signature: | Date: | Time: |
| **Informing Physician's**  Full Name: | Signature: | Date: | Time: |
| **Interpreter's (If reguired)**  Full Name: | Signature: | Date: | Time: |

informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged betvveen 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.