

## Informed Consent

The following examination is comprised of a series of tests designed to measure your strength and/or functional abilities that relate to performing daily activities. Some of the components of the exam will look specifically at your body's ability to provide muscle resistance and your ability to move your extremities and spine. This information will assist in defining and determining the degree of impact your injury is having on your ability to perform daily tasks.

Your participation in this exam requests of you to exert maximal motion, force and effort in response to the activities offered to you to the best of your ability without changing your current level of being. Because you are going to be asked to engage in physical activity, you must be aware that there is the potential for injury or aggravation to your current status. Make sure that you understand all that is asked of you, that you understand fully the instructions and to stop or not engage in any offered activity that you are not comfortable with. If at any point in time you have increase in pain, stop the activity that you are engaging in and report the increased pain. Do not perform any activity that you feel you are unable to perform. At no point in time will you be encouraged to participate in this exam beyond the levels that you feel comfortable with. If you do engage in a given activity, you can terminate your participation at any point in time. Remember, the goal of this exam is to determine your best ability without changing your current level of being. There is no goal that focuses on what you can do despite a worsening of your condition.

You may be placed in positions to isolate and test specific areas of your body. You may be asked to perform isometric tests, simulated lift tasks, cardiovascular tests, work activities, work postures, individual muscle tests, hand strength tests, and/or range of motion tests. You will be asked to give your best effort without causing yourself any pain. You may be asked to repeat these procedures 2 to 4 times to determine your best effort. You will be allowed to rest at least thirty (30) seconds between each repetition.

You will be exposed to certain risks when performing the aforementioned tests, including temporary pain, a worsening of any existing injury, or a new injury. It is not possible to determine in advance whether or to what extent you will experience any of these complications as a result of doing these tests.

It is your responsibility to inform your evaluator if you have any physical limitations or restrictions prior to beginning the tests. You should gradually exert force or movement until you have reached maximum effort without experiencing any pain. You should not jerk or use any form of ballistic movement. If you feel any pain, you must stop the test, and immediately report to the evaluator what has happened.

I understand the above procedures, risks, and instructions and agree to participate in the examination to the best of my ability.

Patient Signature \_\_\_\_\_ Date

Clinician/Examiner \_\_\_\_\_ Date