



## **Osteopenia and Osteoporosis Prevention and Mitigation**

### **Shared Responsibility and Informed Participation Consent Form**

To stimulate bone development stresses must be sufficient to challenge the bone's structural integrity. Doing so with osteopenic and osteoporotic people comes with risk. This is why truly productive bone building programs are unique. Complicating attempts to develop a safe and sustainable bone building program are the comorbidities common in the bone density-challenged population. Navigating these realities requires knowledgeable clinicians and fully engaged clients. Joining our Osteopenia and Osteoporosis Prevention and Mitigation program must come with an acknowledgement of the risks and shared responsibility between Folsom Physical Therapy and the participating client. Folsom Physical Therapy will do their best to create and progress a safe, but productively challenging, bone regenerating exercise routine for you. Participants must have good body awareness and cognition and use their better judgment in finessing the program's application in ensuring their safety.

Clients must accept that our staff cannot know the exact tolerances of the client's bone tissues at any given time, and that we are dependent on the client's intuition in guiding their minute-to-minute level of participation. Safety must be the number one priority.

If you choose to participate in our Osteopenia and Osteoporosis Prevention and Mitigation Program it must be understood that ensuring your musculoskeletal, physiologic and cardiovascular health is primarily your responsibility. You must utilize thoughtful, proper technique during all aspects of your training. It will be your responsibility to adjust your level of participation to ensure your safety.

Please reciprocate our willingness to afford you this unique opportunity to enhance your quality of life by partnering with us in a shared responsibility and understanding of the risks involved in challenging your tissues and systems.

In addition, agree that if you have 1) a prolonged absence of greater than two months from training at FPT, or 2) had an injury, medical event or surgery since your last training session at FPT that you will not return to the gym or group exercise sessions until you have been cleared to do so by your managing FPT physical therapist.

Thank you for your thoughtful decision regarding your willingness to be responsible for your safe, sustained, and productive participation in our Osteopenia and Osteoporosis Prevention and Mitigation Program. **If you have had any orthopedic surgeries that required plates, screws, pins or joint replacements please inform your therapist before beginning the program.**

I, \_\_\_\_\_, have read and will abide with this shared responsibility agreement with Folsom Physical Therapy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_