



Graston Technique® Questionnaire and Informed Consent

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® 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.

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

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

Please answer the following questions and sign below. If you have any questions, please speak with your clinician.

- | | | |
|-------------------------------------------------------------------|-----|----|
| 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 |

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: _____

(If the patient is under 18, the parent or guardian must sign.)