



# EXERCISES/THERAPY AGREEMENT



I acknowledge that I have been granted access to video instruction and recommendations for home exercises and/or therapies. I understand that these recommendations have been provided as a resource to help me achieve the goals I expressed during my appointment. I recognize that they form a part of my care plan and that my compliance with doctor recommendations, including my commitment to these exercises and therapies, will determine the expected results. Additionally, I have received information on scheduling in-person instruction for any recommended therapies or exercises.

Initial Here \_\_\_\_\_

## VIBRATION THERAPY CONSENT

I understand that I should not use the Vibe Plate if I am currently or have recently experienced one of the conditions listed below:

- Discopathy
- Spondylolysis
- Infection
- Active tumors
- Painful herniated disks
- Recently placed IUDs
- Cardiovascular conditions
- Pacemakers
- Pregnancy
- Recent surgery
- Epilepsy
- Severe diabetes
- Knee replacement
- Acute hernia
- Presence of metal implants that could loosen.

If you have experienced any of the above conditions or anything that causes you to question safe use of Vibration Therapy, please ask your doctor before using the plate.

Sign Here \_\_\_\_\_ Date: \_\_\_\_\_