



## VOLUNTARY CONSENT FORM FOR OCCLUSION TRAINING

### Description

Blood flow restriction training (BFRT) involves the use of a RockCuff strap(s) during exercise. Prior to use, you should complete the **Pre-Screening Form**.

Before your first use, you will complete a **Personal Assessment** which includes measuring your upper arm above the bicep and/or leg above the thigh. The measurement will be used to determine the pressure setting during use.

Prior to the assessment, you should **consume at least 16 oz of water** and **avoid the use of caffeine for at least 30-minutes**.

The BFRT Assessment done by a trained professional consists of installing one RockCuff strap on your dominant arm and adding pressure equivalent to 85 mmHG (50% occlusion) to restrict vascular flow. You will be asked to perform four sets of repetitions with loads equivalent to 25% of normal. Between sets, you will rest for at least 30-seconds.

*During the exercise, you should report any numbness or tingling. The person doing the assessment will check your capillary refill by pressing the tip of your finger and observing the time to return to color.*

During the test, the observer will be looking for first signs of muscle fatigue (failure). These signs include facial distortion due to effort and increased time between repetitions. The onset of fatigue will allow the observer to fine-tune the pressure setting or resistance. If you feel fatigue, for example the need to add a few seconds of rest in the middle of a set of reps, stop, and inform the observer.

After your assessment, training sessions will involve wearing straps at pressure during exercise for up to 20-minutes.

*If at any time you feel numbness or tingling, stop, and release the pressure on the straps. Check for capillary refill every 5-minutes. If you experience signs of a heart-attack, shooting pain, profuse sweating, chest pain, stop immediately, remove the straps, and call for assistance or call 911.*

### Benefits and Risks

In clinical trials and studies, the use of BFRT has been shown to speed recovery, reduce pain, increase strength, reduce atrophy, increase muscle size, and increase tolerance to exertion. The most common side-effect is **delayed-onset-muscle-soreness, DOMS**, (99%) **bruising** (1.0%) , **temporary numbness** (.5%). Less common side-effects include cerebral infarction (0.008%), and pulmonary embolism (.008).

# Questions

If you have questions, please ask your therapist.

# Consent

By completing this form and affixing your signature, you agree that:

- [ ] You have read and understood the **Information**
- [ ] You have read and understand the **Contraindications** to Use
- [ ] You have completed the **Pre Screening Form** and answered all questions truthfully
- [ ] All your questions have been answered to your satisfaction
- [ ] You agree to follow instructions as to strap tightness and load without modification
- [ ] You may discontinue treatment at anytime

Printed Name

Signature


Date

Email

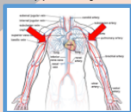
Phone

### STRAP PLACEMENT

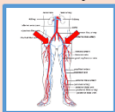
The locations show below are the only locations where cuffs or straps should be installed.



**Upper Body**



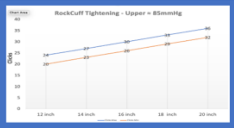
**Lower Body**




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### 3-MINUTE ASSESSMENT

This assessment tests all three blood flow restriction variables; occlusion, resistance, and duration. If you experience fatigue at any time prior to the final set, stop and reduce tightness or weight.




The numbers indicated in inches on the chart influence the circumference of the upper limb measured above the bicep.  
The numbers above each measurement represent the number of initial clicks on the dial.



- Install Strap – Use dominant arm above bicep
- Tighten Strap – See chart above
- Select Weight – 2.5 lbs. to 7.5 lbs.

Note: Initial tightening represents 50% Occlusion of SB.



- Set & Reps – 30-15-15-15
- Rest – 30 seconds between sets
- Fatigue – Observe for fatigue

Each "click" of the dial after initial tightening represents 2.5 mmHg.

**Personal Calibration:**

- Add 2 clicks - Client fatigues prior to the 8<sup>th</sup> rep in the final set
- Reduce 2 clicks - Client fails to fatigue during final set

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### PRE SCREENING

**PRE-SCREENING QUESTIONS FOR THE USE OF BLOOD FLOW RESTRICTION THERAPY (BFRT)**

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Provider \_\_\_\_\_

Please answer the following questions to the best of your ability. If you require help or explanation, please ask for assistance.

Do you currently have, or have you been diagnosed with any of the following?

	Yes	No
1. Untreated high blood pressure (>140 mmHg)?	<input type="checkbox"/>	<input type="checkbox"/>
2. An active cancer diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sickle Cell Anemia?	<input type="checkbox"/>	<input type="checkbox"/>
4. Currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
5. Low Back (L5/S1) hernia post-surgery?	<input type="checkbox"/>	<input type="checkbox"/>
6. Uncontrolled diabetes mellitus?	<input type="checkbox"/>	<input type="checkbox"/>
7. Peripheral vascular disease?	<input type="checkbox"/>	<input type="checkbox"/>
8. Deep-vein thrombosis (DVT)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Hemophilia?	<input type="checkbox"/>	<input type="checkbox"/>
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10. Hypercoagulable state?	<input type="checkbox"/>	<input type="checkbox"/>
11. Silent myocardial ischemia?	<input type="checkbox"/>	<input type="checkbox"/>
12. Varicose veins?	<input type="checkbox"/>	<input type="checkbox"/>
13. Mitral valve disease?	<input type="checkbox"/>	<input type="checkbox"/>
14. Vascular endothelial dysfunction?	<input type="checkbox"/>	<input type="checkbox"/>
15. Left ventricle dysfunction?	<input type="checkbox"/>	<input type="checkbox"/>
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16. Recent muscle trauma or crush injuries?	<input type="checkbox"/>	<input type="checkbox"/>
17. Post-surgical excess swelling?	<input type="checkbox"/>	<input type="checkbox"/>
18. Open fractures?	<input type="checkbox"/>	<input type="checkbox"/>
19. Open soft tissue injuries?	<input type="checkbox"/>	<input type="checkbox"/>
20. Skin graft?	<input type="checkbox"/>	<input type="checkbox"/>
21. Exposed or dialysis access?	<input type="checkbox"/>	<input type="checkbox"/>
22. History of DVT or Stroke?	<input type="checkbox"/>	<input type="checkbox"/>
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23. Age > 65?	<input type="checkbox"/>	<input type="checkbox"/>
24. BMI > 32?	<input type="checkbox"/>	<input type="checkbox"/>
25. Severe Dystrophia?	<input type="checkbox"/>	<input type="checkbox"/>
26. Type 2 Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
27. Low blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>
28. Dizzy or fainting spells?	<input type="checkbox"/>	<input type="checkbox"/>
29. Activity < 3 times per week?	<input type="checkbox"/>	<input type="checkbox"/>
30. List current medications	<input type="checkbox"/>	<input type="checkbox"/>

A - Consult Physician B - With Caution C - Careful Application D - Modifiers

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