Exercise Program Informed Consent for Blood Flow Restriction Training (BFRT)

**Explanation of BFRT**

You are agreeing to incorporate BFRT into your training/rehabilitation program. You are participating in a BFRT program that will include physical exercises, and possibly other health-related services such as nutrition, supplementation. The levels of exercise that you will undertake will be based on your response during an exercise test and other information. You will need to follow instructions regarding the amount and kind of regular exercise you should do. Depending on your progress, you may adjust your exercise sessions.

**Confidentiality**

During your exercise session personal information may be overhead by other patients/clients. This may include but is not limited to blood pressure, heart rate, blood sugar, weight and review of medications. We may discuss additional educational material regarding your treatment while you are exercising. Your first name and last initial will be on your exercise folder.

**Contraindications / When not to use BFRT**

You should not undertake a BFRT Program if you have any of the following conditions:

* Pulmonary Embolism
* Deep Vein Thrombosis (DVT)
* Hemorrhagic/Thrombotic Stroke
* Clotting Disorders
* Hemophilia or are taking blood thinners
* Pregnant and up to 6 months post-partum
* Untreated high blood pressure (hypertension)
* Untreated low blood pressure (hypotension)
* Rhabdomyolysis or a recent traumatic injury
* Certain Medications – (Consult your Doctor)

**Monitoring**

During exercise, you will self-monitor your arterial blood flow by ensuring that 1) you do not experience any numbness, tingling, or extreme pain. In addition, you should check your pulse or perform a capillary refill test by pressing your thumb and then releasing to the heel of your hand. During the capillary refill test, the area under your thumb will turn white. The speed with which it returns to normal color is important. If it is slow to return to normal color, loosen the tightness of the cuffs. If you feel any of the above, you should immediately tell your clinician or loosen the BFRT equipment and cease exercise until the symptoms stop. If you are working with a clinician, you agree to report to the rehabilitation staff any unusual, new or worsened symptoms associated with your exercise program. These include but are not limited to unusual shortness of breath with low level activity; pain, pressure, tightness, heaviness in the chest, neck, jaw, back, and/or arms; unusual fatigue with exercise; unusually fast, slow or irregular heart rate; faintness or dizziness.

**Attendant Risks, Side Effects and Discomforts**

There exists the possibility of certain changes occurring during exercise sessions. These include abnormal blood pressure; fainting; irregular, fast, or slow heart rhythm; and in rare instances, heart attack; stroke or death. You may also experience some side-effects which include:

* Subcutaneous bruising
* Pain, numbness
* Delayed onset lactic acidosis (soreness associated with exercise)

**Benefits to be Expected**

Studies show that participation in the BFRT program may increase your level of fitness, athletic performance, speed your rehabilitation, result in increased muscle size, increase lean body mass, and improve aerobic and anaerobic capacity.

**Responsibility of the Participant**

To promote your safety and gain benefit, you must give priority to adhering to the guidelines and checking the website [www.rockcuff.com](http://www.rockcuff.com) regularly. You should read the instructions that come with the equipment and not overtighten the cuffs. To achieve the best possible results:

**DO NOT**

* Overtighten the BFRT cuffs
* Use weights in excess of those suggested
* Use the BFRT cuffs for more than 25 minutes of continuous use
* Exceed your target heartrate

**DO**

* Talk with your doctor if you are unsure of your qualifications to use BFRT
* Discontinue use if you feel pain, numbness, or tingling
* Adhere to prescribed routines
* Follow recommendations in the safety guide
* Clean your BFRT equipment after use

**Use of Medical Records**

The information that is obtained while you are a participant in the BFRT Program will be treated as privileged and confidential. It is not to be released or revealed to any person except your physicians without your written consent. The information obtained, however, may be used for statistical analysis or scientific purposes with your right to privacy retained.

**Inquiries**

Any questions about the BFRT program are welcome. If you have any doubts or questions, please ask us for further explanation.

**Freedom of Consent**

I agree to voluntarily participate in the BFRT Program. I understand that I am free to deny any consent if I so desire, both now and at any point in the program.

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the BFRT Program in which I will be engaged. I accept the risks, rules and regulations set forth. Knowing these and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this BFRT Program.

Breaking the seal on the BFRT equipment prior to use is a positive affirmation of acceptance of the terms and conditions outlined in this Informed Consent.

Name

Date

Clinician