

Clearance for Physical Therapy

This is my clearance for deep manual physical therapy to the whole body, including the abdomen and pelvis. Per published studies, this therapy has been shown safe and effective in a 20-hour protocol over the course of five days or spread over time. Patient has no listed contraindications listed; precautions are noted below; reports may be attached.

Patient Name: _____ Date of birth: _____

CONTRAINDICATIONS TO THERAPY

Abnormal Cysts or endometriomas requiring surgery
Active infection – bacterial, viral, fungal, or parasitic (must be clear of infection before therapy)
Active cancer, hepatitis, or HIV
Aneurysm
Connective tissue disorder (EDS, Marfan's)
Deep Vein Thrombosis, PE or CVA within 12 weeks of scheduled therapy
Fistula present within 6 weeks of scheduled therapy
Surgery within 12 weeks of scheduled therapy

PRECAUTIONS TO THERAPY

(Check if applicable; make notes or comments below)

- Autoimmune disorders must be under control. May need to spread therapy over two weeks if applicant has elevated inflammatory markers for these conditions:
 - Celiac Disease
 - Crohn's
 - Fibromyalgia
 - Grave's disease
 - Rheumatoid Arthritis
 - Systemic Lupus Erythematosus
 - Ulcerative Colitis
- Bipolar disorder patients often do not do well with this therapy
- Blood thinning medications, blood clotting disorders
- Cancer in the last 18 months (type, location) _____
- Cardiac conditions, including DVT, PE, or CVA within the last 12 months
- Congestive heart failure (details) _____
- Gallstones or kidney stones
- Genital herpes – must be on acyclovir or lysine during CP treatment
- Liver or kidney dysfunction; gall stones; kidney stones
- Hernia (size, location) _____
- Hydrosalpinx, hematosalpinx (ACOG suggests considering prophylactic antibiotics)
- IUD or Essure coil (must be removed before therapy)
- Lymphedema – wear compression garments during therapy and traveling
- Osteoporosis – circle severity: (mild, moderate, severe)
- Seizures (please give details below)
- SIBO
- Sickle cell disease
- Stents (note location, approx. date inserted) _____
- Tubes in body (I-V, ostomy, etc.) with location, approx. date insert _____

Evaluate and Treat; 20 hours over 5 days (space for physician notes below) _____

Physician's signature

NPI or License #

Date

Contact: Clear Passage Physical Therapy; 352-336-1433 phone (USA); 352-336-9980 fax (USA)