

Able Bodyworks - Patient Disclosure

I, Carl W. Brown, am a manual therapist. I am not a licensed physician. My work is not licensed by the state of California, but the State of California allows me to practice using this disclosure. I am certified as a Massage Therapist #19229 by CAMTC however I no longer do massage nor incorporate it in my practice. X.Net, Inc. DBA Able Bodyworks, a California corporation, is located at 2100 Skycrest Ave. #12, Walnut Creek, CA 94595. Phone (925) 287-9993.

Holistic treatments work from the premise that the whole person (body, mind and spirit) is more than the sum of the parts. Medicine, on the other hand, is based on a pathologic model where treatment comes from an assessment or diagnoses of problems with specific part of the person. Holistic wellness is achieving a state of improved health based on our individual potentials. Work on specific problems comes from within the context of a broader perception of the individual as a whole. I use evidence-based methodology to insure that I work in a safe and effective manner that produces real world independently verifiable results.

The techniques that I use deal with things such as chronic pain, restricted movement, nerve impingement, muscle adhesions, myofascial release, scar tissue, ligaments, bone and joint problems. I use interview and palpation to assess problems and what corrections are needed. I use safe procedures, always working within the body's normal range of motion. My assessments are used to guide me to discover problems and your body will tell me if I am right.

I have been trained to use my medical knowledge to get me to the potential cause of the problem and then balance that skill with an almost intuitive or empathic sense where preconceived notions get in the way of my assessment. The fine palpatory skills feel for problems and find clues that most people would miss especially if they are consciously looking for problems. I can often feel both physical and emotional tensions and even pain in tissues. I can support mind/body releases during treatment. However I am not trained to provide psychological support or spiritual counseling.

I release tissue adhesions primarily by applying precise, gentle force and letting the tissue release itself. I also use special stretching to release deep adhesions. This includes muscles, tendons, ligaments, and soft tissues in joints as well as fluids, nerves, blood vessels, organs and myofascial tissue. I often use the same techniques to soften scar tissue. I also do work on tissues to realign fibers within the tissues. I use a combination of manual forces to stimulate bones to heal micro-imperfections. I perform corrections to realign muscles, ligaments, and tendons to improve the mechanical effectiveness, correct repetitive strain injuries and relieve pain. I work joints to remove stiffness. I drain tissue of lymph with manual techniques based on palpating the pressure and flow of lymph. I relieve muscle tension with direct or supportive techniques, and when needed stimulate the golgi tendon organ.

I work with people fully clothed because unlike massage I do not use lotions or oils and I do not have to deal with draping problems as I move you into different positions. Everything from many of the techniques I use to the way I engage my clients is not compatible with massage. I usually use a massage table but can work in wheel chairs or hospital beds.

Even if you may feel great after the session, later or the next day, sometimes people will feel sore like after a heavy workout. This is normal. On rare occasions you can feel worse. ***If this happens, let me know*** and I will take care of the problem. Drink water after every session. Dehydrated tissues are subject to cramping. Re-softening myofascial tissue draws water out of the rest of the body.

The effectiveness of my work varies by individual. For some they only need one treatment, others need periodic sessions. While there are a few people who I have not been able to help or the results do not last, many have found the results to be phenomenal. It is important to fully disclose all pertinent medical conditions so that I can treat you more effectively and avoid techniques that may be contraindicated.

I have received my training and education at:

Lynda Caesara's series of joint courses based on the Berry Method® (orthopedic, subtle touch and energetic) The Institute of Integral Health Inc. Berry Method® training (Basics I & II) (orthopedic bodywork), McKinnon Institute (Swedish & deep tissue), Institute for Therapeutic Massage Inc., (Hot stone) Alive and Well (lymphatic & visceral), Creative Choices (acupressure), Introduction to Somatic Experiencing (trauma), Cheryl Jones - Private tutoring (Biodynamic Craniosacral), Hospice of the East Bay (Hospice and Anna's program training)

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.

My methods of treatment are alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you these services, subject to the following restrictions.

Here are the things that unlicensed alternative practitioners are NOT allowed to do:

- ◆ Perform any form of surgery or any procedure that punctures your skin or harmfully invades your body.
- ◆ Use X-ray radiation.
- ◆ Prescribe prescription drugs, or recommend that you discontinue drugs that were prescribed by a licensed physician.
- ◆ Set fractures.
- ◆ Treat wounds with electrotherapy.
- ◆ Put you at risk of great bodily harm, serious physical or mental illness, or death.
- ◆ Imply in any way that they are licensed physicians.

If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend that you inform your medical doctor that you are receiving alternative treatment.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the **therapy** offered by **Carl W. Brown** and **Carl W. Brown's** training and education. I have discussed with **Carl W. Brown** the nature of the services to be provided. I understand that **Carl W. Brown** is not a licensed physician and that these **therapy** services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by **Carl W. Brown**, and agree to be personally responsible for the fees of **Carl W. Brown** in connection with the services provided to me.

Signed: _____
(client/parent/conservator/guardian)

Date: _____

(name of client)