

Name:			
Phone No.:		Date of Birth:	

What is the treatment at The GoodBack Clinic?

Our treatment protocol for bad backs is based on the work of Dr. Paul Sherwood and detailed here: www.GoodBack.co.uk.

The 4 main parts are:

1. The use of the ASMI (Advanced Spinal Mobilisation Instrument) PAMM (Power Assisted Mobilisation Machine)
2. EMS -Electro Muscular Stimulation
3. Ultrasound
4. Light massage & Infra-Red light

The treatment is designed to be firm, but below the pain threshold so as not to cause a reaction in the body that causes more congestion in the area being treated, though there may be the occasional twinge.

What should I expect to happen at my first visit to a GoodBack Therapist?

Your therapist should make you feel at ease during your first consultation and any subsequent appointments and tell you what is happening throughout. You should feel free to ask questions at any point during the consultation and treatment, it is important to let the therapist know if the treatment is too strong at any point.

You are welcome to bring a friend or relative along to the consultation and treatment. An adult or appointed representative needs to be present with a patient who is 16 years or younger.

On your first visit, the therapist will discuss and record your current and past medical history. Big relevant items will be: if you experience fits, have a pacemaker or other electrical implants fitted, prior operations, especially back operations, if you have diabetes, cancer, osteoporosis, asthma or clotting disorders and skin conditions. You will be asked about prior injuries: car accidents, horse riding, skiing, stair falls...

Treatment will require access to your bare back, from the top of the neck to below the belt line.

Muscle tenderness / light bruising is a common side-effect of the treatment lasting a few days, very occasionally muscles will spasm causing flare ups the next day, this is usually fixed with the use of cold water applied directly on the area or a bit of ice. If this is not enough a return to be treated with Ultra-sound & EMS will be required.

How many treatments does it require?

Injuries sustained in adulthood, even many decades previously, can often be fixed in one to five treatments. This treatment is not designed to be an endless series, it is designed to fix you once and for all in a short series.

Injuries sustained in childhood – and so have “growth” on top of them - can take a lot longer, though each session should show noticeable improvement.

What does it treat?

- 1) All bad backs that are ‘mechanical’ in cause: Whiplash, Sciatica, Scoliosis... everything apart from recent fractures, bad backs caused by cancer or referred pain e.g. from kidney stones or the appendix
- 2) Illnesses that are a result of an under/mis-performing sympathetic nervous system: The hardware for the sympathetic nervous system are a series of mini-brains called ganglions – that lie along the spine. When the spine is damaged these important ganglions can mis-function and cause a whole host of problems: from migraines & frozen shoulder to stomach ulcers, heart problems and infertility and bowel disorders. This can happen even if the back is not in pain.

I confirm that I have read the above information; I confirm that I have had the opportunity to discuss any concerns with the therapist and have understood what has been explained to me. I consent to receive treatment on this occasion, but I understand that I can refuse treatment (or any part of treatment) now or in the future without jeopardising future treatment at this practice. I understand that it is important that I inform my therapist of any concerns, reactions or discomfort associated with treatment.

Signature:

Print Name in Full:

Date:

Statement of Consent for patients aged 16 years or younger

I confirm that I have read and understood the above information, and I consent, as parent, guardian or appointed carer to this patient receiving treatment at this time. I understand that they can refuse treatment (or any part of treatment) at any time in the future without jeopardising future treatment at this practice.

Signature:

Print Name in Full:

Date:

Protecting your Privacy: Your personal details will be stored securely and used for the purpose of keeping adequate therapy notes only. We will never pass your details onto third parties without your explicit consent, unless required by law.

Name:	
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Please list your issues and add short notes:

Scoliosis	
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Kyphosis	
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Back Pain	
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Other issues and relevant details i.e. pacemakers, Previous operations, previous major medical incidences, allergies...	
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