

Patient Compliance Agreement

The Optima Rehabilitation program is designed to isolate and identify the specific functional weaknesses your body system has that are contributing to your problem. We then work with a progressive resistance model to restore function to those tissues. This process requires several factors to be successful:

1. **Communication.** You need to communicate with your therapist on how you are feeling and tolerating the procedures, so we can modify your program and get you to a stable level of independence as soon as possible.
2. **Effort.** Our staff will work with you within your injury and anatomical tolerances, but you must put forth an effort to improve the function in your tissues.
3. **Compliance.** The model of exercise-based rehabilitation is based on the same theory as medication. There is a dosing effect that is required to make this program work effectively. This will require that we modify your program to stimulate improvement in your areas of complaint. However, **the most important factor is consistency.** If we are billing an insurance carrier or attorney for your care, **we can only validate your participation and maximize results if you are consistent.**

We have two programs in this clinic:

1. A rehabilitation and education program. This program is for patients that will require some isolated spine conditioning. This can last between four and twelve weeks.
2. An educational program. This program takes you through the machines 2-6 times to educate you to proper exercise techniques. We can have your therapist either set you up on a program at a local health club or give you an independent program that you can do at your home.

As a candidate for our care, **it will take at least 8-12 visits to properly stabilize your condition.** We would like to give you the best care possible. This will require that you work with your therapist consistently to obtain the goals we have established. A therapist will be assigned to your case, so we ask that you schedule with that therapist each visit, if possible. As we only have a limited number of therapy appointments available, we need you to pick the days and times that you would like for your appointments. We will then prospectively schedule you for your first set of appointments, which will be up to twelve based on your condition. **If you miss a scheduled appointment, please reschedule that appointment to another day of the same week, so that you maintain your prescribed number of visits per week.** If you stabilize earlier we will cancel any unnecessary appointments that we have made, but you will at least have the best times locked in so that you can be consistent.

Prescribed frequency of treatment: _____ **visits per week required** _____ **initial weeks** _____

Appointment Day/Time:		Hours of operation:	Your assigned therapist is:
<input type="checkbox"/> Monday	_____	Monday 7:00 am – 6:30 pm	<input type="checkbox"/> Ashlee Nelson, PT
<input type="checkbox"/> Tuesday	_____	Tuesday 7:00 am – 6:30 pm	<input type="checkbox"/> Vanessa Wesley, EP
<input type="checkbox"/> Wednesday	_____	Wednesday 7:00 am – 6:30 pm	<input type="checkbox"/> Dan Ward, EP
<input type="checkbox"/> Friday	_____	Friday 7:00 am – 6:00 pm	

I agree to be consistent with my care at Optima barring any emergencies, and understand that if I am not consistent I will be released from care without any further abilities to restart the program. I also agree that if I have a scheduled appointment and cannot make it as scheduled, I will call as soon as I can to reschedule so that I can fulfill my prescribed number of visits per week and ensure my response to the care.

I understand per my signature that OPTIMA The Center for Spine Rehabilitation is owned and operated by Scott Rosenquist, DC and Chad Abercrombie, DC.

Signature: _____

Date: _____