



Blood Flow Restriction Training Consent and Information Form

What is Blood Flow Restriction Training?

Blood Flow Restriction Training (BFRT) is the brief and intermittent occlusion of venous (veins) blood flow using a tourniquet while exercising. Using this technique, you can exercise with significantly lighter weight while still creating a hypertrophy (muscle growth) and strength response. Traditionally, to get a hypertrophy and strength response in your muscles you would need to lift a heavy load.

Is Blood Flow Restriction Training Safe?

BFRT has consistently demonstrated to be a safe modality in literature. It has been performed on thousands of subjects in the peer-reviewed literature with little to no side effects. The most common side effects after this training are residual swelling in the limb, a fatigued muscle, and mild soreness in the muscle. These are transient and usually resolve within 24 hours. If you have prolonged swelling, fatigue, or soreness discuss this with your physical therapists along with any other concerns you may have.

Common Complications with Tourniquet Use (Complication rate is 0.04% to 0.8%)

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|--------------------------------------|---|
| -nerve injury | -skin injury |
| -arterial injury | -pain |
| -chemical burns | -temperature changes |
| -prolonged swelling of affected limb | -respiration and cardiovascular effects |
| -ischemia (reduced blood flow) | |

Please answer the following questions so your physical therapist can determine whether or not BFRT is right for you:

- | | |
|---|--------|
| • Do you have a blood clot or history of a blood clot | Yes/no |
| • Do you have a history of a stroke? | Yes/no |
| • Do you have diabetes? | Yes/no |
| • Do you have any open skin lesions or wounds? | Yes/no |
| • Do you have any skin or vascular grafts? | Yes/no |
| • Do you have an extremity with dialysis access? | Yes/no |
| • Do you have sickle cell anemia? | Yes/no |
| • Do you have uncontrolled blood pressure? | Yes/no |
| • Are you taking any medications for high blood pressure? | Yes/no |
| • Do you have increased intracranial pressure? | Yes/no |
| • Do you have any heart conditions? | Yes/no |
| • Do you have any kidney conditions? | Yes/no |
| • Do you have cancer (tumors) or a history of cancer? | Yes/no |
| • Do you feel sick, feverish, or have an active infection? | Yes/no |
| • Are you a smoker? | Yes/no |
| • Have you been diagnosed with peripheral neuropathy? | Yes/no |
| • Have you been diagnosed with peripheral vascular disease? | Yes/no |
| • Have you traveled in the past 7 days lasting >4 hrs seated? | Yes/no |
| • Are you pregnant? | Yes/no |
| • Are you taking any supplements or oral contraceptives or Hormone replacement therapy? | Yes/no |

Statement of Consent

I confirm that I have read and understand the above information, and I consent to performing blood flow restriction training with therapeutic exercise. I understand that I can refuse treatment at any time.

Signature: _____ Printed Name: _____ Date: _____

