

INFORMED CONSENT FOR INNER THIGHS, GLUTEAL MUSCLES (BUTTOCKS), AND/OR PELVIC FLOOR MASSAGE

Angelical Touch Massage Therapy

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INTRODUCTION

The Standards of Practice of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) and the North Carolina Board of Massage and Bodywork Therapy (NCBMBT) require separate consent from clients who receive therapeutic massage on sensitive areas, such as the inner thighs and/or gluteal muscles (buttocks) and/or pelvic floor muscles.

When the treatment of sensitive areas is indicated during the course of a massage therapy treatment, it is important that you, the client, fully understand the nature and purpose of this treatment. In addition to our discussion about the treatment, this written consent form will act as a record of that discussion. If you have any questions, either during our discussion or while completing this form, please do not hesitate to ask.

Many times the discomfort on the lower back is due to our chronic posture of "flexion" (driving, working with the computer, etc). The constant flexion of the muscles and connective tissue (fascia) on the buttocks and thighs (that are attached to the hips and pelvic area) makes these muscles to have a tight tone. These muscles and fascia may benefit by being massaged on their entire length, from the sacrum to the hip/femur (thigh bone), or from the pelvic area to the femur. By relaxing these muscles, it is very likely that the tension will be reduced on the lower back.

INFORMED CONSENT FOR INNER THIGHS, GLUTEAL MUSCLES (BUTTOCKS), AND/OR PELVIC FLOOR MASSAGE

I, _____, am voluntarily wishing to experience a massage session of the following sensitive areas by Angel Rivera, for the purpose for which is intended:

- Inner thighs (adductor muscles)
- Buttocks (gluteal muscles, piriformis, upper and lateral sacrum)
- Pelvic floor (ischial tuberosity, sacrotuberous ligament, coccyx, lower sacrum)

The anal area and the genitals will be covered and will not be touched.

I have discussed the treatment and/or treatment plan with Angel Rivera. During this discussion, the benefits, risks and side effects, areas to be treated, positioning and draping (covering) to be used have been explained to me. I have had the opportunity to ask questions about the above information and I know that I can ask any questions that I have, as a result of the treatment or further discussion, at a later date.

As with any other part of massage therapy treatment, if at any time I feel uncomfortable for any reason, I will ask the therapist to cease the massage and the therapist will end either the specific massage or the actual session.

There are various levels of comfort in receiving this type of massage. I am checking the statements that I feel comfortable with:

I would like to remain clothed or draped and have the therapist work with me through clothing or draping:

- Clothed
- Draped

I am comfortable having the therapist work under the draping with the hands directly on the muscles while performing the massage.

I am comfortable having the therapist work with the hands directly on the uncovered muscles while performing the massage.

I understand that I can alter or withdraw my consent for this treatment and/or treatment plan at any time during this or any other treatment.

Signature: _____ Date: _____