



UNIVERSITY OF
SOUTH CAROLINA
Arnold School of Public Health

PHYSICAL THERAPY PROGRAM
THE NORMAN J. ARNOLD SCHOOL OF PUBLIC HEALTH

Student Laboratory Experience
Informed Consent

Students in the Doctoral Physical Therapy Program of the University of South Carolina participate in laboratory experiences during the entire program of study. These learning experiences are designed to assist in the development of psychomotor skills and an appreciation of a patient's role in evaluation and treatment. It is the student's responsibility to participate in order to foster both individual and peer learning of common physical therapy clinical skills. Students are **urged to exercise the utmost care** when performing any of these techniques on their classmates.

These evaluation and treatment techniques represent the current *standard of care* and may be delivered safely to most individuals. However, specific techniques are contra-indicated in individuals with certain conditions. It is expected that the student will familiarize him/herself with the consequences of each laboratory experience and identify those that may be contra-indicated. It is the student's responsibility to limit his/her participation in a patient role if he/she has a condition that may put him/her at undue risk of injury.

Active participation in specific laboratory experiences might place you at increased risk of injury or impairment. In addition some conditions may place your partner at increased risk of a communicable disease. (e.g. blood clotting disorders, osteoporosis, rheumatoid arthritis, or poor physical or mental health). **If for any reason you believe that you have such a condition or that you should not participate in a laboratory experience you are expected to discuss this with your instructor.**

In addition, you will be expected to expose certain parts of your body during these laboratory experiences. At all times you will be appropriately draped or covered. It is expected that you will be exposed and touched in a manner similar to normal physical therapy treatments.

I have read the informed consent and agree to participate fully in the laboratory experiences of this program. I will limit my participation in activities that put me at undue risk for injury.

Signature of Student: _____

Date: _____

Printed Last Name: _____