

CELLULITE SHOCKWAVE THERAPY CONSENT FORM

What is Shockwave Therapy?

Shockwave Therapy is a series of high-energy percussions to the affected area. The shockwave is a physical sound wave "shock", not an electric one.

How does it work?

Treatment produces an inflammatory response. The body responds by increasing metabolic activity around the site. This stimulates and accelerates the healing process (promotes the remodeling of dysfunctional collagenous tissues, such as cellulite).

What are the benefits of Shockwave Treatment?

The connective tissue relaxes, and the firmness of the epidermis increases. Blood circulation in the tissue is significantly enhanced. Collagen production is stimulated, strengthening the dermis and epidermis. The results of AWT are improved firmness and restored natural elasticity of the skin and connective tissue along with a visible and long-lasting improvement in skin texture.

How long does the treatment last?

Approximately 2000 shocks are administered per treatment area (the duration of which is approximately 5 minutes). Some patients and/or conditions require more shocks and duration, depending on severity and chronicity.

How many treatments will I need?

Normally 10 treatments are necessary at weekly intervals; there is a small possibility that 2 or more additional treatments may be necessary depending on the severity of your condition. Should you not respond in this time, your case will be reviewed with the doctor to determine an appropriate referral.

Does the treatment hurt?

It is a treatment that usually takes 25-45 minutes and may be fairly uncomfortable. However, most people are able to easily tolerate it. However, if you cannot tolerate it, adjustments on the machine can decrease the pressure you feel.

Will it hurt after the treatment?

There may or may not be immediate pain, but some discomfort may be experienced 2-4 hours after the treatment. In some cases it can last up to 48 hours and in very rare cases, the pain lasted up to 5 days. Some bruising and swelling can occur.

What should I do if I am in pain after the treatment?

The shockwave will trigger an inflammatory response, which is the body's natural process of healing. For this reason, do not use anti-inflammatory medications. Do not use ice. The pain should subside within 24 hours. Use Tylenol if necessary, provided you have no trouble with this medication.

Is Shockwave Therapy covered by my insurance?

If you have insurance you will want to ask your provider about the requirements of your coverage. You will be invoiced under Chiropractic/Extracorporeal Shockwave Therapy for treatment.

What can I expect from AWT cellulite treatment?

1. Skin tightening. Better skin structure and contour (clinical trials show 110% improvement in skin elasticity).
2. Smoother appearance. The dimpled cellulite areas will become smoother as the connective tissue support is stimulated and collagen formation is activated.
3. Body slimming and improved tone. Stimulation of lipolysis, increased blood flow and improved lymphatic drainage leads to reduced circumference of treated area and a more tone appearance.

Are there contraindications and/or precautions? Contraindications include:

- Coagulation disorders, thrombosis, heart or circulatory patients
- Use of anticoagulants, especially Marcumar, Heparin, Coumadin
- Tumour diseases, carcinoma, cancer patients
- Pregnancy
- Polyneuropathy in case of diabetes mellitus
- Acute inflammations / pus focus in the target area
- Children in growth
- Cortisone therapy up to 6 weeks before first treatment

Side effects include: (These side effects generally abate after 5 to 10 days.)

- Swelling, reddening, haematomas
- Petechiae, bruising
- Pain
- Skin lesions (especially after previous cortisone therapy)

Why am I asked to sign a consent form?

Pain can increase temporarily. Bruising and or swelling are also possible. We want you to be informed of all aspects. By signing the below, you acknowledge that you understand and accept the risks and benefits of shockwave therapy, and consent to having this therapy administered.

NAME: _____

SIGNATURE: _____

DATE: _____