

Informed Consent for Case Report

Physical Therapy Case Report for the APTA Home Health Quarterly Newsletter

Title: _____

Physical Therapist/Primary Author: _____

Phone: _____ **Email:** _____

Description: Home health physical therapy services are delivered in the privacy of a patient's residence. As a result, specialized assessments and therapeutic interventions utilized by the physical therapist in the home environment are often not readily open to observation by other clinicians. By publishing descriptions of assessments, interventions used, responses to treatment, and patient outcomes, physical therapists will gain practical knowledge of various strategies and approaches used by other home health physical therapists across the country.

Purpose: The purpose of publishing case reports from home health physical therapy practice is to share innovative and relevant clinical practices, describe clinically unique and/or complex patient conditions, inform others, and promote the advancement of evidence-based home health clinical practice.

Procedures: If you agree to participate in this project, please sign and date this consent form. The physical therapist providing your care will write a case report including a description of assessments, interventions, responses to treatment, and outcomes. Once approved by the Newsletter Editor, the case report will be published in the APTA Home Health Quarterly Newsletter.

Risk: There is no additional risk or potential for harm beyond that normally experienced with home health physical therapy intervention. Your treatment program will not be altered as a result of participation in this project.

Benefits: There will be no direct benefit to you as a result of participation. You will receive satisfaction by participating in the enhancement of knowledge among home health physical therapists.

Confidentiality: The author will sufficiently generalize your information and refrain from identifying you as an individual so as to protect your individual identity and protected health information.

Participation/Withdrawal: Your participation in this project is voluntary and you may withdraw at any time prior to publication of the case report.

Contact Information: If you have any questions about this project, you may speak directly with the Physical Therapist/Primary Author identified above. You may also contact us at admin@homehealthsection.org
ATTN: Home Health Research Chair.

Patient Name (Print)

Patient Signature

Physical Therapist/Primary Author Signature

Date