

## **PATIENT EXPECTATIONS & OFFICE POLICIES**

Welcome to SWPT! We are happy to welcome you to our office. Our physical therapists are licensed, educated, and trained professionals who treat physical dysfunctions and provide orthopedic or neurological rehabilitation.

Based on your diagnosis, our therapist will perform an evaluation, develop a treatment plan, and treat your injury or disease. We'll continually reassess your status and progress your treatment accordingly. Your treatment team consists of a physical therapist, physical therapy assistants and physical therapy aides. They'll work together in assisting you to reach your treatment goals.

Our primary goal is to provide you with the highest quality of physical therapy possible and to assist you in a speedy recovery.

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### **WHAT TO EXPECT**

Your PT may prescribe a home exercise program consisting of stretching and strengthening exercises as part of your treatment. Consistently doing your home exercises as instructed is essential to your body's ability to recover and stay healthy. Please follow the physical therapist's instructions carefully. It's normal to experience slight discomfort or muscle soreness after your therapy treatment, especially in the beginning. However, if during your exercises you should experience any of the following, discontinue and call our office.

- Shortness of breath
- Unexpected sharp pain
- Unusual fatigue
- Uncertainty of correct performance

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### **SCHEDULING APPOINTMENTS**

We encourage you to schedule appointments a week or more in advance. We always strive to provide you with a time that works best for you. It is easiest to do so when planned for in advance. It's also important to be prompt. If you arrive late for a scheduled appointment your treatment time may need to be shortened. If you arrive early, we may ask you to wait until your appointment time to get you started. Patients here at their scheduled appointment time are always given highest priority.

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All patients who are treated at SWPT have the right to communicate a concern or complaint. You may request a copy of our Patient Complaint Policy.

**I have read the above and understand the patient's expectations and office policies.**

**Print name:** \_\_\_\_\_

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**(Patient's/Guardian's Signature)**

**Date**