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## Voluntary Consent Form – Blood Flow Restriction

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### Description and Participation

Blood Flow Restriction (BFR) involves exercising while restricting blood flow with the use of a controlled Cuff around the arms or legs. Participation in BFR involves completing a pre-screening questionnaire, assessment for eligibility by a professional, informed voluntary consent, and physical assessment to determine the appropriate pressure for the BFR Cuffs. Training or therapy sessions will include wearing the cuffs at an intermittent pressure that restricts up to 50-80% of estimated arterial blood flow and exercising at loads of 20-85% of your one-repetition maximum for up to 30 repetitions.

### Expected Benefits and Risks

It is expected that this training/therapy will benefit you. According to research, it may benefit by causing improvements in power, strength, muscular endurance, hypertrophy, hormonal response and bone health. There are some risks associated with your participation in this training including subcutaneous hemorrhage (bruising) (13.1%), temporary numbness (1.3%), venous thrombosis (0.055%), deterioration of ischemic heart disease (0.016%), cerebral infarction (0.008%), rhabdomyolysis (0.008%) and pulmonary embolism (0.008%) (4). The risks are generally very low. Additionally, safety and medical procedures and plans are in place to keep these risks to a minimum.

### Statement of Consent

We ask you to sign this form to confirm your agreement to participate. By signing, you are indicating:

- Yes     No    I have read and understood the information document regarding this training.
- Yes     No    I have had any questions answered to my satisfaction.
- Yes     No    I agree to participate in Blood Flow Restriction.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_