

## Ashiatsu Deepfeet Bar Therapy® Physician's Release Form

This document is a request for physician clearance that (patient name)\_\_\_\_\_

is capable to receive an Ashiatsu Barefoot Massage from (therapist):\_\_\_\_\_

Therapist Contact info:\_\_\_\_\_

For pictures and treatment description please visit my website at:\_\_\_\_\_

Ashiatsu Barefoot Massage is considered a DEEP compressive form of bodywork. While utilizing gravity to perform barefoot massage, therapists are able to apply up to 100% of their bodyweight in pressure. Blood and Lymph are increased at a very high rate and tissue is compressed with deep movements. This technique is not suitable for a wide variety of health conditions. Contraindications for Swedish/deep tissue massage are also contraindications to Ashiatsu bar therapy.

### Below is a list of conditions that are contraindicated for Ashiatsu:

- Pregnant or trying to conceive
- Contagious illness or disease
- Contagious skin disorders (Shingles, MRSA, Scabies)
- Implants within nine months –breast, pectoral, gluteal, calf
- Thrombosis, aneurysm, varicose veins, DVT
- Acute liver kidney and urinary disorders
- Recent bowel, inguinal or abdominal hernia surgery
- Acute inflammatory conditions such as active phlebitis, cellulitis, lupus or limes in flare up.
- Persons on Coumadin, Lovenox, Heparin or heavy aspirin (bruise/clots), cortisone
- Uncontrolled high blood pressure or heart condition
- Any disorder that causes loss of feeling or motor control
- Any recent (acute) injuries, accidents, surgeries within the last 6 weeks,
- AIDS, Hodgkin's disease, Cancer, Leukemia,
- Recent injection (cosmetic or steroid)
- Hemophilia and any condition where blood clots can occur
- Severe diabetes
- Rib fracture, Osteoporosis
- Spinal surgeries that involve pins, plates, rods
- Stents, shunts, pacemakers

Granting Permission

Denied

Proceed w/caution

If granting permission to receive Ashiatsu what precautions should I take?

\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

Physician Phone & Email: \_\_\_\_\_