



College of  
Non Musculoskeletal  
Osteopathy



Caroline Stone Osteopathic Services

PARTICIPANT INFORMATION		
NAME	ADDRESS	PROFESSION
PARTICIPANT CONSENT		
<p>In connection with courses sponsored by CAROLINE STONE AND / OR CNMO, I _____, hereby volunteer for and consent to the performance upon me of the following internal and external manual therapy tests, measurements, and interventions:</p>		
VAGINAL EXAM, MYOFASCIAL AND VISCERAL / OTHER TISSUE COMPONENTS	RECTAL EXAM, MYOFASCIAL AND VISCERAL / OTHER TISSUE COMPONENTS	PELVIC FLOOR AND LIMB / TRUNK / BODY, MYOFASCIAL AND VISCERAL / OTHER TISSUE COMPONENTS
<p>Including but not limited to: Vaginal tissues Uterus Pelvic floor Bladder Symphysis Rectum Coccyx Associated tissues</p>	<p>Including but not limited to: Vaginal tissues Uterus Pelvic floor Bladder Symphysis Rectum Coccyx Associated tissues</p>	<p>Including but not limited to: Urogenital diaphragm and perineum Pelvic floor Urethra Symphysis and other bony pelvic components Anal sphincter Coccyx Associated tissues</p>
PLEASE INITIAL EACH STATEMENT BELOW:		INITIAL
<p>1. I understand procedure, indication, contraindications, precautions &amp; consideration for these tests, measures, &amp; interventions will be discussed during the course. I understand if I have any questions with regard to these procedures being performed on me during lab, I will ask.</p>		
<p>2. I understand risks associated with vaginal/rectal/perineal tests, measurements, and/or interventions are no greater risk than from a gynaecological examination and may include the following (A to E). In addition, risks of external trunk procedures are listed below (F). A. Perineal, vaginal, and/or rectal discomfort/soreness or pain during and/or following the examination B. Unexpected emotional reaction to being touched in the genital area C. Feeling of fullness or pressure in the rectum D. Urge to urinate or defecate during or following the procedure</p>		

## PARTICIPANT CONSENT FORM – 2 PAGES – SECOND PAGE

E. Risk of infection similar to that of a gynaecological pelvic examination	
F. Trunk muscle soreness and joint soreness including the abdomen, buttock, legs, pelvic joints and coccyx	
3. I understand these tests, measurements, and/or interventions are being performed for the sole purpose of demonstration, education and practice by participants and are not intended to be diagnostic or therapeutic for me personally	
4. I recognize the instructors and lab assistants who are supervising participants providing and/or performing the tests, measurements, and/or interventions will answer any inquiries I have may have pertaining to lab participation	
5. I understand I am free to withdraw my consent and discontinue participation at any time. If I am unable to participate as a lab model I will provide a model for myself (NB this does not apply to the July / Aug course).	
6. I hereby release my fellow students, instructors, assistants, volunteers, models, CAROLIEN STONE AND THE CNMO, and the facility where the course is being held from any and all liability, loss, or damage arising from or in any connection with the tests, measurements, and/or interventions identified above	
7. Below, please list all relevant physical, emotional and medical conditions, limitations, or sensitivities that may impact your participation*. All information will remain confidential. If none are present, please circle NONE.	
*If you are pregnant, have an infection of any kind, have vaginal dryness, are less than 6 weeks postpartum or post surgery, have severe pelvic pain, sensitivity to lubricant, vaginal creams or latex, please inform the therapist prior to your participation, and make this known above.	
8. I affirm I have answered fully and accurately all questions about my health asked by the individuals conducting the CAROLINE STONE / CNMO Courses, and that I have disclosed all information concerning my health that is relevant to my participation in these Courses	
9. If I am pregnant or have had any recent surgical procedures, my physician has read the above agreements and provided signed, written consent for my participation in the lab portions of this course.	
10. I have read this Consent and Release and understand its content.	
PARTICIPANTS SIGNATURE	DATE INITIALED AND SIGNED
If this form is not completed and turned in by check-in, you will not be permitted to participate in the course and a course refund will not be issued for incompleteness.	