



**NX Level**

8700 W. Watertown Plank Rd, Milwaukee, WI 53226-3596

Phone: 414.805.7114

**PRECAUTIONS**

**Patients with poor circulatory systems:**

- Indications of poor circulation include, shining or scaly skin; brittle, dry nails; and extremity hair loss.
- Other indicators for circulatory considerations include capillary filling time and the presence of varicose veins.

**Patients who are obese or with limb tissue that is loose.**

**Comorbidities including:**

- Arterial calcification - Abnormal clotting times - Diabetes - Sickle cell trait – Tumor - General infection
- Hypertension - Cardiopulmonary conditions - Renal compromise - Clinically significant acid-base imbalance - Atherosclerotic vessels

**Patients who are taking anti-hypertensive medications and/or creatine supplements.**

**CONTRAINDICATIONS**

**Possible contraindications for tourniquet use include:**

- Venous thromboembolism
- Previous revascularization of the extremity
- Acidosis
- Extremity infection
- Medications or supplements know to increase clotting risk
- Increased intracranial pressure
- Post-traumatic lengthy hand reconstructions
- Severe hypertension
- Skin grafts in which all bleeding points must be readily distinguished
- Secondary or delayed procedures after immobilization
- Lymphectomies
- Poor circulation or peripheral vascular compromise
- Extremities with dialysis access
- Sickle cell anemia
- Tumor distal to the tourniquet
- Open fracture
- Open soft tissue injuries
- Severe crushing injuries
- Elbow surgery (where there is concomitant excess swelling)
- Vascular grafting
- Cancer

**BFR CONSENT FORM**

I, \_\_\_\_\_, hereby consent to engage voluntarily in Blood Flow Restriction training services from Froedtert & MCW Sports Medicine Center. I understand that during this training, a tourniquet will be applied during exercise and there will be brief period of venous occlusion. I understand that I am responsible for monitoring my own condition throughout the training and will stop at any time I desire. I know there are risks of residual limb swelling, mild soreness and fatigue. I affirm that I am in good physical condition and do not possess any of the contraindications listed to blood flow restriction training. I recognize that my failure to provide accurate information could lead to possible unnecessary injury to myself.

In consideration of my participation in blood flow restrictions training, I agree to assume all risks I further agree, for myself, my heirs and assigns, to hold harmless and release Froedtert & MCW Sports Medicine Center, NX Level, and its staff members, from any claims, demands, and causes of action arising from my participation. I fully understand that I may injure myself as a result of my participation and I, for myself, my heirs and assigns hereby release Froedtert & MCW Sports Medicine Center, NX Level, and its staff members, from any liability now or in the future including, but not limited to heart attacks, death, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, injuries to the knee, lower back, foot and any other illness, soreness, or injury and personal property damage, however caused, occurring prior, during, or after any participation in NX Level or blood flow restriction training.

In signing this consent form, I affirm that I have read it in its entirety and that I understand the nature of blood flow restriction training.

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (Client's Parent/Guardian if under 18)

**\*\*\* Please make all checks out to: Froedtert Hospital \*\*\***