

INFORMED CONSENT TO CHIROPRACTIC CARE

As a patient in our office, you have the right to know about the type of treatment we will use, and complications / side-effects, as well as alternatives to chiropractic care and their complications. This form is intended to inform you of these prior to treatment and receive your written consent for you or your minor child.

The primary treatment used by Chiropractic Physicians is the adjustment or manipulation of the joints of the body to induce motion. The doctor will use the procedure most appropriate to treat your condition as well as ancillary treatments such as prescribing exercises, and using therapeutic modalities.

The nature of the Chiropractic Adjustment: I will use my hands and/ or a mechanical device upon your body in such a way as to move the joints to restore normal function. This procedure may cause an audible “click” or “pop” sound similar to what you feel when you pop your knuckles. You may feel or sense movement of the joint, which usually gives you a very pleasant sense of relief. If a traditional spinal adjustment is inappropriate for your condition, there is other less forceful and gentler type of adjustments that may be used.

The possible risk involved in the Chiropractic Adjustment: Serious complications to chiropractic treatment are rare. However, these may include fractures, disc injuries, dislocations, muscle strain, ligamentous sprain, and nerve injuries. Some patients may feel some stiffness or soreness following the first few days of treatment, which is considered normal.

The probability of serious complications occurring: Fractures, especially of the ribs, are rare occurrences and generally result from some underlying weakness of the bone such as osteoporosis. If you suffer from osteoporosis, please tell you doctor and care steps will be taken to adjust your spine. Stroke has been the subject of much study and debate within the health professions. Manipulation of the neck has been associated with other injuries to the arteries in the neck leading to a stroke in rare instances. Studies have estimated this occurrence rate to be between 1 in 1 million to 1 in 3 million adjustments. To put this in perspective, your chances of being hit by lightning are reported to be 1 in 3 million. We employ tests in our examination which are designed to identify possible risk factors for stroke and we combine this with your medical history and our clinical skills to determine if you are a candidate for cervical manipulation. Disc injuries are frequently successfully treated by chiropractic adjustments, yet occasionally chiropractic treatment may aggravate the problem and rarely surgery may become necessary to treat a disc injury. If necessary, we will refer you to a neurosurgeon or for an MRI exam. These problems are also rare with no reliable statistics to quantify their probability.

Ancillary treatments: In addition to chiropractic adjustments (manipulation of the joints), I intend to use the following treatments as needed to treat you condition:

- *Ice or Heath Packs: these may be used in the office or recommended for home use. Both may, in rare cases, irritate or burn the skin.
- *Myofascial release, Active Release Technique, and Trigger Point Therapy, which may, in rare cases, causes local bruising and soreness.
- *Electrical Stimulation: this therapy consists of a mild electrical current which helps relax tight muscles, blocks pain, reduces swelling, and facilitates healing. There are no known side-effects other than discomfort if the settings are too high. At any time, if any of these procedures are uncomfortable, you are to notify the doctor and/ or staff immediately and the procedure will be modified or discontinued.
- *Therapeutic and rehabilitative exercises, Active Release Technique, Neuromuscular Re-education, and Post Isometric Relaxation (PIR): these may be used to re-educate your muscles to restore normal functions and muscular balance. Every precaution is used to prevent injury. Injuries are rare and are usually from the patient “over doing it” or over stretching. Please follow your doctor’s recommendations carefully.

Initial: _____

Date: _____

Alternative Medical Treatments Risks are:

- *Self-administered over the counter NSAIDS may cause gastro-intestinal problems and bleeding of liver and kidney disease. i.e.; Aspirin, Ibuprophen, Aleve, etc.
- *Prescription muscle relaxants and pain killers can produce undesirable side-effects and addictions. They can also make you drowsy and impair your motor skills.
- *Hospitalization and bed rest has the additional risk of exposure to communicable disease, loss of muscle tone and strength at the rate of 4% per day. It is very expensive, and research has shown bed rest has no benefit in helping back pain patients. In fact, it may make your condition worse.
- *Back or neck surgery poses many risk such as: infections, allergic reactions, disfiguring scars, severe loss of blood; loss of function of any limb, organ paralysis, paraplegia or quadriplegia; brain damage; cardiac arrest; death; loss of bladder, bowel or sexual function; increased or continued pain or numbness; injury to vessels in the abdomen; post-operative bleeding; unstable spine requiring fusion; and infection.
- *Injections of pain medications: The risks inherent in using injections or surgery included adverse reactions to anesthesia or the injected medication, iatrogenic (caused by a doctor) problems, hospitalization and possible convalescent time.

The Risks and Dangers of Remaining Untreated: Remaining untreated allows the formation of adhesions and reduced joint motion, which sets up a pain reaction further reducing mobility. Over time, this process may complicate treatment making it more difficult and less effective the longer it is postponed. Disc degeneration, joint arthritis, nerve damage and muscle weakness may progress if your spinal problem goes untreated.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

I have read, or have had read to me, the above information. I have had an opportunity to ask my questions, and all my questions have been answered fully and satisfactorily. By signing below, I consent to the treatment plan. I intend this consent form to cover the entire course of treatment for my present condition and for any further condition(s) for which I seek treatment in this office. Having considered the nature and risks of chiropractic care, I hereby give my consent to be treated.

Patient's Name (Printed)

Patient's Signature

Date

***If you are a minor, or if you are being represented by another party:**

Name of Parent or Guardian (printed)

Signature of Parent or Guardian

Date

Witness:

Name of Witness (Printed)

Signature of Witness

Date