INFORMED CONSENT

Patient Name: _____ Date: _____

As a patient in my office, you have the legal right to know of the type of treatment we will use, any complications/side-effects, as well as alternatives to chiropractic care and their complications. This form is intended to inform you of these, and treatment will not be given until you understand these issues and signify your consent by signing this form.

The primary treatment used by doctors of chiropractic is the **spinal adjustment** to reduce spinal subluxations (slight dislocations or misalignments of the spinal joints). I will use that procedure to treat you as well as use other common ancillary treatments such as physical therapies and modalities.

- **The Nature of the Chiropractic Adjustment:** I will use my hands upon your spine or other joints in such a way as to move the joints to restore normal function. This procedure may cause an audible "pop" or "click" similar to what you feel when you pop your knuckles. You may feel or sense movement of the joint, and this usually gives you a very pleasant sense of relief. If a traditional spinal adjustment is inappropriate for your condition, there are other less forceful and more gentle non-traditional types of adjustments that may be used. If, from previous experiences, you prefer non-traditional types of spinal adjustments, please inform me beforehand.

- **The Material Risks Inherent in a Chiropractic Adjustment:** Serious complications to chiropractic treatment are rare; however, these may include fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. Some patients will feel some stiffness or soreness following the first few days of treatment, which is considered normal.

- **The Probability of Those Risks 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, we will take special efforts to adjust your spine carefully.
    - Stroke has been the subject of tremendous 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 20,000 and 1 in 1.3 million adjustments. While the actual rate of occurrence is unknown, it is probably somewhere in this range. Mortality from spinal adjustments is extremely rare, but has been known to occur.
    - 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

following chiropractic treatment. 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, I intend to use the following treatments if necessary:

    - **Ice or hot packs:** We may use both heat and ice packs, and recommend ice for home use. Both may, in rare instances, irritate or burn your skin even if used appropriately.
    - **Electro-therapy:** This modality consists of a mild electrical current which sends a message-type action through the muscles and nerves to relax constricted muscles, to block pain impulses, to reduce swelling and to facilitate healing in muscles and ligaments. There are no known side-effects.

- **Alternative Medical Treatments & Risks:** Other treatments available for your condition include:

    - **Self-administered over-the-counter NSAIDs** may cause gastro-intestinal problems and bleeding or liver or kidney disease.
    - **Prescription muscle relaxants and pain killers** can produce undesirable side-effects and dependence. They can also make you quite drowsy and impair your motor skills.
    - **Hospitalization and bed rest** bears the additional risk of exposure to communicable disease, loss of muscle tone and strength at the rate of 4% a day. It is also very expensive, and research has shown bed rest has no benefit in helping back pain patients. In fact, it may contribute to a worsening condition.
    - **Back or neck surgery** poses many risks such as: infections; allergic reactions; disfiguring scar; severe loss of blood; loss of function or any limb or 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; injury to esophagus, trachea or lungs; hoarseness; spinal fluid leak; unstable spine requiring fusion; failure of fusion; injury to GI or GU tract; recurrence of disc problems or scar tissue formation with progressive weakness or numbness; paralysis. In addition, other risks associated with anesthesia are loss of teeth; corneal abrasions; or abdominal reactions to anesthetic agents.

- **The Risks and Dangers to Remaining Untreated:** Remaining untreated allows the formation of adjesions 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. IF YOU HAVE UNDERSTOOD, PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW.

I have read [ ] or have had read to me [ ] the above explanation of the chiropractic care and related treatments. I have discussed it with the doctor and/or staff of this office and have had my questions answered to my satisfaction. By signing below, I state that I have considered the risks involved in the proposed treatment. Having been informed of the nature and risks of chiropractic care, I hereby give my consent to be treated.

Name: _____ **Dated:** _____

Signature: _____

Signature of Parent or Guardian: _____

Witness: _____

Printed Name: _____

Signature: _____