

## **INFORMED CONSENT FOR CHIROPRACTIC TREATMENT**

I hereby request and consent to the treatments offered at Southern States Chiropractic. These treatments can include various Chiropractic adjustments, physiotherapies, exercises, muscle treatments, nutritional counseling, as well as examinations, diagnostic x-rays, ROM testing, etc. that may be recommended by the doctor of Chiropractic. I understand that, as with any health care procedures, there are certain risks which and potential problems that may arise. I have read the list below which details some of these risks.

\*Chiropractic adjustments are the “moving of bones” with the Doctor’s hands or with the use of an instrument. Frequently adjustments create a “pop” or “click” sound/sensation in the area being treated. This is normal and can be an important part of your adjustment.

In this office we use trained personnel to assist the doctor with portions of your consultation, examination, x-ray taking, physiotherapy application, exercise instruction, muscle work, etc. Occasionally when your doctor is unavailable other personnel or another clinic doctor will treat you. Chiropractic is a system of health care delivery. As with any health care delivery system we cannot promise a cure for any symptom, disease or condition. We will always give you our best care, and if results are not acceptable, we will refer you to another provider who we feel may assist you in your situation.

Stroke: Stroke is the most serious problem associated with chiropractic adjustments. Recent studies (Journal of the CCA, Vol. 37 No. 2, June 1993) estimate that the incident of stroke is 1 per every 3,000,000 upper neck adjustments. This means that an average Chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single patient stroke.

Disc Herniations: Disc herniations (in the neck and back), are often successfully treated by Chiropractors. Yet, occasionally, chiropractic treatment (adjustments, traction, etc) will aggravate the problem. Rarely chiropractic adjustments may also cause a disc problem if the disc is in a weakened condition. These problems occur so rarely that there are no available statistics indicating their probability.

Soft Tissue Injury: “Soft Tissue”, primarily refers to muscles, tendons and ligaments. Seldom a chiropractic adjustment, traction, etc. may result in a temporary increase in pain, which may require additional treatments. There are rarely any long-term effects for the patient. These problems occur so rarely that there are no available statistics indicating their probability.

Rib Fractures: Seldom certain types of chiropractic adjustments will cause a rib to crack in patients with Osteoporosis; this is referred to as a fracture. We treat all patients very carefully, and especially those who have Osteoporosis. These problems occur so rarely that there are no available statistics indicating their probability.

Physically Therapy Burns: Some of the machines we use generate heat. We also use both heat and ice in office and sometimes recommend them as home care. Rarely, heat or ice may irritate the skin. These problems occur so seldom and so temporary that there are no available statistics indicating their probability.

Soreness: It is common for chiropractic adjustments, traction, massage therapy, exercises, etc, to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but do tell your doctor about it.

Other Problems: There may be other problems or complications that might arise from Chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

I have read the above explanation of Chiropractic and the associated risks. By signing below I affirm that I have weighed the risks and have decided to undergo these treatments as recommended. I hereby give my full consent to treatment for my (or my child’s) current condition and any future conditions for which I may seek treatment.

\_\_\_\_\_  
Patient’s Name Printed

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Parent or Guardian for Minor