

# ***INFORMED PATIENT CONSENT***

Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

## **The nature of the Chiropractic adjustment**

The primary treatment used by doctors of chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way to move your joints. That may cause an audible “pop” or “click,” much like you have experienced when you “crack” your knuckles. You may feel a sense of movement.

## **Analysis/ Examination/ Treatment**

As part of the analysis, examination and treatment, you are consenting to the following procedures: spinal manipulative therapy, range of motion testing, muscle strength testing, radiographic studies, orthopedic testing, postural analysis, basic neurological testing, vital signs, electrical muscle stimulation, ultrasound, exercises, and hot / cold therapy.

## **Risks associated inherent in the chiropractic adjustment**

As with any health care procedure, there are certain complications which may arise with chiropractic manipulation and therapy. These complications include but not limited to: fractures, disc injuries, dislocations, muscle or ligament sprain strains, headaches, costovertebral strains and separations and burns. Sometimes there is stiffness and/ or soreness after being adjusted. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contribution to serious complications including stroke. The Doctor will make every reasonable effort during the examination to screen for contraindications to care; however if you have a condition that would otherwise not come to the Doctor’s attention, it is your responsibility to inform the Doctor.

## **The probability of those risks occurring**

Fractures are rare and generally result from some underlying weakness of the bone which we check for during your history, examination and x-ray. Stroke has been the subject of tremendous disagreement. The incidence of stroke is exceedingly rare and is estimated to occur between one in one million to one in five million cervical adjustments. The other complications described are also rare.

## **The availability and nature of other treatment options**

Other treatment options include:

- Self administered, over the counter analgesics, rest, ice, heat
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxers and pain killers
- Hospitalization
- Surgery
- Other alternative treatments such as herbs, massage or acupuncture

If you choose to use one of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options and you may want to discuss these with your primary physician.

## **The risks and dangers attendant to remaining untreated**

Remaining untreated may allow the formation of adhesions, reduced mobility, compensating pain patterns, postural changes and nerve pain. Over time this process may complicate treatment making more difficult and less effective the longer it is postponed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.**

**PLEASE CHECK BOX AND SIGN BELOW**

**I have read [ ] the above explanation of the chiropractic adjustment and related treatment. I have discussed it with my doctor and my questions answered to my satisfaction. By signing below I have weighed the risks involved with treatment and decided that it is in my best interests to undergo treatment. Having been informed of the risks, I hereby give my consent for treatment.**

\_\_\_\_\_  
Patient Signature/ Parent or Guardian      Date

\_\_\_\_\_  
Doctor Signature      Date