

# **KNOWING, VOLUNTARY AND INFORMED CONSENT TO CHIROPRACTIC TREATMENT**

## **Chiropractic**

The doctor of chiropractic is a physician and a member of the healing arts concerned with the health needs of the public. The doctor of chiropractic gives particular attention to the relationship of the structural and neurological aspects of the body in health and disease. The doctor of chiropractic is educated in the basic clinical sciences, as well as in other related health subjects.

I realize that each particular type of health care, be it, chiropractic, allopathic (medical), or osteopathic carries with it some amount of risk. By consenting to be treated by my doctor of chiropractic I acknowledge and assume this risk. I understand the difference between chiropractic and medicine. I understand that there is a difference between chiropractic treatment and allopathic treatment (medical). I realize that both may be important to my health, but for entirely different reasons. I understand chiropractic physicians seek to restore health through a natural means without drugs or surgery. I understand chiropractic physicians do this by attempting to free the body of any functional or structural abnormalities of the neuromusculoskeletal system and restoring the natural flow of energy to the nervous system.

I understand that part of my chiropractic treatment will involve chiropractic adjustments which are the moving of bones with the doctor's hands or with the use of a machine or artifice. I have been informed and understand that frequently chiropractic adjustments may create a pop or clicking sound in the region of the area being treated.

## **Analysis and Diagnosis**

I understand that the doctor of chiropractic is well trained to diagnose, including, but not limited to, spinal analysis; to care for the human body in health and disease; and to consult with or refer with other health care professionals. I understand that my chiropractic physician conducts an analysis to determine whether there is evidence of a spinal subluxation. I understand that when such subluxations are found, chiropractic adjustments may be prescribed to restore proper final alignment, giving my body its best chance to restore health. I further understand that due to the intricacies and complexities of nature that my doctor of chiropractic does not promise any specific results.

I understand that my doctor of chiropractic in providing me with a chiropractic diagnosis will conduct a proper and necessary examination and will use proper examination procedures including the recording of patients and family history, my presenting conditions, my subjective symptoms, objective findings, and skeletal biomechanical and subluxation evaluation, and when clinically necessary, such continuing reports, emotional and psychological evaluation, x-ray evaluation and diagnosis of clinical impression made there from.

I fully understand that I should be mindful of my own symptoms and secure a second physician's opinion if I have any concern as to the nature of my illness or injury.

## **Chiropractic Adjustments**

I understand that in coming to my chiropractic physician, I am giving him/her the permission and authority to adjust me in accordance with his/her analysis and diagnosis. I further understand that the chiropractic adjustment is usually beneficial and seldom causes any problem. However, I am also aware that in rare cases underlying physical defects, deformities or pathology may render me susceptible to injury. I understand that although it is uncommon, in certain cases, illness or injury may result from any treatment rendered by any health care professional.

I fully understand that it is my responsibility to make it known or to learn through medical procedures if I am suffering from latent pathological defects, illness, or deformities which could otherwise not come to the attention of my doctor of chiropractic.

## **Stroke**

I understand that on a very rare number of occasions chiropractic adjustments may be associated with strokes suffered by patients. I understand that a stroke means that a portion of the brain does not receive enough oxygen from the bloodstream. I further understand that chiropractic adjustments have been associated with strokes that arise from the vertebral artery only; due to the fact the vertebral artery is actually found inside the neck vertebrae. I understand that the adjustment that is related to vertebral artery stroke is called the "extension-rotation-thrust atlas adjustment." I further understand that the amount of strokes associated with chiropractic adjustments are minute and, in fact, infinitesimal. The most recent studies estimate that an incident

of this type of stroke is one per every three million (3,000,000,000) upper neck adjustments (Journal of CCA, Volume 3, Number 2, June 1993).

### **Disc Herniations**

I understand that in a very, very rare occasion chiropractic adjustments may cause a disc problem if a disc is in a weakened condition at the time presentment. I understand further that occasionally chiropractic treatment may aggravate disc herniations which create pressure on the spinal nerve or on the spinal cord. However, I further understand that disc herniations are frequently successfully treated by doctors of chiropractic through chiropractic adjustments and traction, etc.

### **Soreness**

I understand that it is common for chiropractic adjustments and other forms of chiropractic treatment and therapy could result in a largely temporary increase in soreness in the region being treated. I further understand that I need to report all soreness or pain to my doctor of chiropractic. I understand that my ribs are located only in the thoracic spine or middle back. I understand that they extend from my back to my front chest area and I understand that on a very rare occasion a chiropractic adjustment will crack a rib bone, and this is commonly referred to as a fracture. I understand that this usually only occurs on patients who have weakened bones from such things as osteoporosis.

I understand that osteoporosis can be noted on x-rays and I further understand that these problems occur so rarely that there are no available statistics present to quantify the probability.

### **Soft Tissue Injury**

I understand that soft tissues primarily refer to muscles and ligaments. I understand that on a very rare occasion a chiropractic adjustment, traction, massage therapy etc. may tear some muscle or ligament fibers. I understand that the result is a temporary increase in pain and necessary treatments for evolution but there are no noticeable long term effects for the patient.

Again, I understand that I have the responsibility to inform my chiropractic doctor of any increased pain.

### **Physical Therapy**

I understand that my doctor of chiropractic may recommend physical therapy for me. I understand that some of the machines that are used to administer physical therapy generate heat and I also understand that some of the treatments involve ice. I understand that everyone's skin has different sensitivity and that on a very rare occasion heat or ice can burn or irritate the skin. Again, I understand that the result is a temporary increase in skin pain and that there may be some blistering. Again, I understand that it is my duty to inform my doctor of chiropractic of any increased pain or if I notice any blistering.

### **Other Problems**

I understand the purpose of chiropractic is to promote natural health. I also understand that since there are so many variables, it is difficult to predict a time schedule or efficacy of chiropractic procedures. The success of chiropractic treatment often depends on underlying causes and conditions. Sometimes the response is phenomenal. In most cases, there is a more gradual but a quite satisfactory response. Occasionally, the results are mediocre or not good at all. Two or more similar conditions may respond differently to the same care. In turn, conditions that do not respond to chiropractic care may be treatable through medical science.

I understand that my doctor will give me the best care possible and if the results are not acceptable he will refer me to another health care provider who will assist my situation.

I hereby acknowledge that I have read the foregoing and understand it.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_