

# INFORMED CONSENT

The primary treatment used by doctors of chiropractic is the spinal manipulation, often referred to as the spinal adjustment. Any licensed professionals who perform manipulation are required by law to obtain your informed consent before starting treatment.

I \_\_\_\_\_, Do hereby give my consent to the performance of conservative noninvasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/adjustments involving movement of the joints and soft tissues. Physical therapy and exercises may also be used.

♦ **The nature of the chiropractic adjustment.**

The doctor will use his hands or a mechanical instrument upon your body in such a way as to move your joints. This may cause an audible "pop," or release of gas, much as you have experienced when you "crack" your knuckles. You may feel or sense movement.

♦ **The material risks inherent in chiropractic adjustment.**

Although spinal and extremity manipulation/adjustment is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware (as with any healthcare procedure) there are certain complications, which may arise during chiropractic manipulation. Those complications include:

Soreness/Bruising: I am aware that like exercise, it is common to experience muscle soreness and occasionally bruising in the first few treatments.

Dizziness: Temporary symptoms like dizziness and nausea can occur but are relatively rare.

Fractures/Joint Injury: I further understand that in isolated cases underlying physical defects, deformities or pathologies like weak bones from osteoporosis may render the patient susceptible to injury.

Stroke: Although strokes happen with some frequency in our world, strokes from chiropractic adjustments are rare. I am aware that nerve or brain damage including stroke is reported to occur once in a million to once in ten million treatments.

♦ **The probability of those risks occurring.**

Fractures are rare occurrences and generally result from some underlying weakness of the bone, which we check for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority saying that there is at most a one-in-a-million (closer to one in ten million) chance of such an outcome. Once in a million is about the same chances as a getting hit by lightning. Once in ten million is about the same chance as a normal dose of aspirin causing death. Since even that risk should be avoided if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as "rare."

♦ **The availability and nature of other treatment options.**

Other treatment options for your condition include:

- ♦ Self-administered, over-the-counter analgesics and rest
- ♦ Medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers
- ♦ Surgery
- ♦ Non-treatment

♦ **The treatment results.**

I understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. However, I appreciate there is no certainty that I will achieve these benefits. I realize that the practice of medicine, including chiropractic, is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

♦ **The risks and dangers attendant to remaining untreated.**

Remaining untreated allows the formation of adhesions and reduces mobility which sets up a pain reaction further reducing mobility and increasing inflammation. Over time, this process may complicate treatment making it more difficult to treat and less effective the longer it is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

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

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. Any questions I have had regarding this consent form have been answered to my satisfaction **PRIOR TO MY SIGNING THIS FORM**. By signing below, I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (if minor, then signature of Parent or Guardian)

