

PATIENT INFORMED CONSENT

Before you consent to begin treatment, we want you to have a clear understanding of the potential benefit and risks of the care we propose.

THE NATURE OF THE CHIROPRACTIC MANIPULATION

Skilled manipulation is the common term used to describe the primary form of treatment, which a D.C. (Doctor of Chiropractic) employs. The technical term for this treatment in the chiropractic profession is adjustment, which means a very brief, precise, stretching force applied to the joints of a patient's spine or extremities for the purposes of the correcting mechanical and neurological dysfunction of the muscles, ligaments, nerves and related structures of these joints. The decision of where, when, and how to provide an adjustment is based upon a D.C.'s formal training and clinical experience, in addition to the specific information gathered in the examination of each individual.

THERAPEUTIC GOALS

Skilled chiropractic manipulation is to help an injured or sick patient to recover to his or her maximal health state or by correcting spinal dysfunction in pre-clinical state, to help prevent an apparently healthy person from becoming ill or developing an advanced-pain syndrome. Some of the potential benefits of chiropractic care are, therefore, improved biomechanics of the neuromusculoskeletal system, decreases pain and disease, a high overall health state, and enhanced quality of life.

RISKS

Although the risks of detrimental effects from chiropractic care are relatively low when compared to many other forms of treatment for similar conditions, you should understand that unfavorable complications may occur.

The most common type of adverse reaction to spinal manipulation is some degree of stiffness or soreness, which may occur following the first few days of treatment. If such soreness occurs after the first one or two treatments, it usually ceases soon. Should soreness continue after this period, it is your duty to report it to us. There is a small chance that spinal manipulation may cause harm. It is occasionally possible to develop a hair-line fracture of a rib or vertebra. Rarely, about one chance in 5-20 million, spinal manipulation to the neck may cause cerebral vascular accident (CVA). In fact, these are more common, when manipulations are done by untrained therapists, trainers, or medical physicians; not necessarily from skilled chiropractic physicians. **Since this risk must be avoided if possible, we employ tests, which are designed to help identify those persons who may be susceptible to such an injury.**

ANCILLARY TREATMENT

In addition to skilled chiropractic manipulation, other supportive types of physical treatment may be utilized in the office.

ALTERNATIVE FORMS OF TREATMENT

It is also our duty to inform you that, there are other forms of treatment available for your condition. Your other treatment options might include:

- A. No treatment
- B. Rest
- C. Self-administered, over-the-counter medications
- D. Medical care with anti-inflammatory drugs, muscle relaxants/or pain killers

- E. Hospitalization with traction
- F. Surgery

RISKS ASSOCIATED WITH ALTERNATIVE TREATMENT OPTIONS

The Risk Inherent in These Options Includes:

- A. If musculoskeletal conditions remain untreated, adhesions may form, leading to reduce mobility, which can cause further pain and inflammatory reactions. The probability that non-treatment will complicate later rehabilitation is high.
- B. Complete rest for a musculoskeletal injury is sometimes advisable for up to 2-3 days. If the condition is not completely or almost completely resolved at the end of this time period, however, then the probability of full recovery via rest alone is low and complications of non-treatment are applicable as well as complications of muscle atrophy weakness.
- C. Overuse of over-the-counter medications often produces undesirable side effects according to professional literature.
- D. Prescription medication and pain killers can result in undesirable side effects and patient dependence. Other medications often entail very significant risks, some with high probabilities. According to FDA (1/9/95) up to 2 million people are hospitalized and 14,000 die year from side effects or reactions to prescription drugs. In addition, a recent study released by the US Agency for Health Care Policy and Research shows little or no proven effectiveness from the use of muscle relaxants and pain killers in the treatment of acute lower back pain in adults.
- E. Hospitalization brings the addition of risks of exposure to communicable disease. Static traction has been found to have no clinical value in the treatment of acute lower back pain in adults according to the US Agency for health Care Policy and Research.
- F. Surgery is one of the most aggressive forms of treatment for conditions of neuromusculoskeletal dysfunction and is usually only considered when all other treatment options have been tried and found to be unsuccessful. Additional risks of adverse reactions to anesthesia and infection must be considered.

Do Not Sign Below until you have read and/or understand the paragraphs above.

Please check the appropriate bracketed () space and sign below.

I have read () or have had read to me () the above explanation of the of the chiropractic adjustments and related treatment. I have discussed it with the Doctor of Chiropractic, and I have had my questions answered to my satisfaction. By signing below, I stated that I have weighed the risks involved in undergoing treatment and have myself 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 treatment.

() Although I understand the recommendations made to me subsequent to my consultation, examination and other tests, I choose not to follow them due to financial, transportation, insurance, or reasons.

Signature of Patient

Date

Signature of Clinician

Date

Verbally discussed risks and benefits of chiropractic care with patient, also discussed alternative modalities and their risks and benefits. Patient understands potential outcome with no treatment and wishes to continue care.

Date _____ Dr. _____ Patient _____