

# INFORMED CONSENT

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

As a patient in my office, you have the legal right to know of the type of treatment we will use, any complications/side-effects, as well as alternatives to chiropractic care and their complications. This form is intended to inform you of these, and treatment cannot be given until you understand these issues and sign this form. If you have any questions after reading this form, please ask my staff members or me.

The primary treatment used by doctors of chiropractic is the **spinal adjustment** to reduce spinal subluxations (slight dislocations or misalignments of the spinal joints). I will use that procedure to treat you, as well as using other common secondary treatments such as physical therapies and modalities.

### **The nature of the chiropractic adjustment**

I will use my hands on your spine in such a way as to move your spinal joints to restore normal joint play. This procedure may cause an audible "pop" or "click" similar to what you feel when you pop your knuckles. You may feel or sense movement of the joint, and this usually gives you a very pleasant sense of relief. If a traditional spinal adjustment is inappropriate for your condition, there are other non-forceful types of spinal adjustments that may be used. If, from previous experiences, you prefer non-traditional types of spinal adjustments, please inform the staff beforehand.

### **The material risks inherent in a chiropractic adjustment**

While serious complications occur only 1-2 times per a million adjustments, there is a slight risk, such as fractures, disc injuries, dislocations, muscle strain, Horner AE's syndrome, diaphragmatic paralysis, cervical myelopathy, and costovertebral strains and separations. Some patients will feel some stiffness or soreness following the first few days of treatment, which is considered normal.

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

**Fractures:** Fractures, especially of the ribs, are rare occurrences and generally result from some underlying weakness of the bone such as osteoporosis. If you suffer from osteoporosis, we will take special efforts to adjust your spine carefully.

**Stroke:** Strokes have been the subject of tremendous disagreement within the health professions. Usually there is an underlying, pre-existing vascular condition like arteriosclerosis that contributes to a stroke resulting after a neck adjustment. Some types of manipulation of the neck have been associated with other injuries to the arteries in the neck leading to a stroke in rare instances a-long about 1 in 3 million. Mortality from spinal adjustments is 3 in 10 million.

**Disc Herniations:** Disc injuries are often successfully treated by chiropractic adjustments, yet occasionally chiropractic treatment may aggravate the problem and, rarely, surgery may become necessary if symptoms are not improved within four (4) weeks. If need be, we will refer you to a neurosurgeon or for an MRI exam. These problems occur so rarely that there are no available statistics to quantify their probability.

### **Ancillary treatments**

In addition to chiropractic adjustments, I intend to use the following treatments if necessary to control your pain or to stabilize your spinal weakness:

**Ice or Heat packs:** We may use both heat and ice packs, and recommend ice for home use. Both may irritate or burn your skin if overused more than 20 to 30 minutes without a layer of clothing between your skin and the ice/heat pack. Such irritations are temporary and occur so rarely that there are no available statistics to quantify their probability.

**Electro-therapy:** This modality consists of a mild electrical current which sends a massage-type action through the muscles and nerves to relax constricted muscles, to block pain impulses, to reduce swelling and to facilitate healing in muscles and ligaments. There are no known side effects.

### **Alternative Medical Treatments & Risks**

Other treatments available for your condition include:

**Self-administered over-the-counter NSAID's** - may cause gastro-intestinal problems in 1,000 to 4,000 people in one million, and reportedly 16,500 die annually from their use.

**Prescription muscle relaxants and painkillers** - can produce undesirable side effects and dependence. They can also make you quite drowsy and impair your motor skills.

**Hospitalization and bed rest** - bears the additional risk of exposure to communicable disease, and loss of muscle tone and strength at the rate of 4% a day. It is also very expensive and research has shown bed rest has no benefit in helping back pain patients; in fact, it may contribute to a worsening condition.

**Back or Neck Surgery:** has many risks: infections; allergic reactions; disfiguring scar; severe loss of blood; loss of function of any limb or organ paralysis; paraplegia or quadriplegia; brain damage; cardiac arrest; death; loss of bladder, bowel or sexual function; increased or continued pain or numbness; injury to vessels in the abdomen; post-operative bleeding; injury to esophagus, trachea or lungs; hoarseness; spinal fluid leak; unstable spine requiring fusion; failure of fusion; injury to GI or GU tract; recurrence of disc problems or scar tissue formation with progressive weakness or numbness; paralysis. In addition, other risks associated with anesthesia are loss of teeth; corneal abrasions; or abdominal reactions to anesthetic agents. Serious neurological complications from neck surgery are 15,600 per million; mortality rates are 6,900 per million.

### **The Risks and Dangers to Remaining Untreated**

Remaining untreated allows the formation of adhesions and reduces joint motion, which sets up a pain reaction further reducing mobility. Over time, this process may complicate treatment, making it more difficult and less effective the longer it is postponed. Disc degeneration, joint arthritis, nerve damage, muscular weakness, and/or an increase of spinal distortions may progress if your spinal problem goes untreated.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION. IF YOU HAVE UNDERSTOOD, PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW.**

I have read [ ] or have had read to me [ ] the above explanation of the chiropractic care and related treatments. I have discussed it with the doctor and/or staff of this office and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the health plan recommended. Having been informed of the nature and risks of chiropractic care, I hereby give my consent to be treated.

Name (Print): \_\_\_\_\_ Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_