

INFORMED CONSENT

The nature of the chiropractic adjustment

We will use our hands or a mechanical device upon your body in such a way as to move your joints. That may cause an audible "pop" or "click", much as you have experienced when you "crack" your knuckles. You may feel or sense movement.

The material risks inherent in chiropractic adjustment.

As with any health care procedure, there are certain complications which may arise during a chiropractic adjustment. Those complications include: fractures, disc injuries, dislocations, and muscle strain. Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costo-vertebral strains and separations. Some types of manipulations of the neck have been associated with injuries to the arteries in the neck leading to complications, including strokes. Some patients will feel some stiffness and soreness following the first few days of treatment.

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. Strokes have 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 chance of such an outcome. 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".

Ancillary treatment.

In addition to chiropractic adjustments, I intend to use the following treatments: electrical muscle stimulation, cold packs, exercise/rehab., traction, and massage therapy

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. Over time this process may complicate treatment making it more difficult 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 the above explanation of the chiropractic adjustment and related treatment. I have discussed it with one of the personnel 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, or interest of my child, to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

DATE

PATIENT NAME (Please Print)

SIGNATURE/GUARDIAN