INFORMED CONSENT

The primary treatment used by the doctors of chiropractic is the spinal adjustment. I will use that procedure to treat you.

THE NATURE OF THE CHIROPRACTIC ADJUSTMENT

I will use my 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, Homer's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. 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. 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 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 (manipulation) you may receive supportive treatments which will further assist in the management of your condition. While the risk of complication is low there is the possibility of side effects such as burns, soreness, skin irritation, etc. Some of the additional treatments which may be provided include hot moist heat, ultrasound, TENS, electrical muscle stimulation, interferential therapy, as well as multiple other modalities which have thermal, mechanical and chemical effects.

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-inflammatory, muscle relaxants and pain-medications.
- Hospitalization
- Surgery

RISKS INHERENT IN SUCH OPTIONS AND THE PROBABILITY OF SUCH RISKS OCCURRING

- Overuse of over-the-counter medications produces undesirable side effects. If complete rest is impractical, premature return to work and household chores may aggravate the condition and extend the recovery time. The probability of such complications arising is dependant upon the patient's general health, severity of the patient's discomfort, his pain tolerance and self-discipline in not abusing the medicine. Professional literature describes highly undesirable effects from long term use of over-the-counter medicines.
- Prescription muscle relaxants and pain-killers can produce undesirable side effects and patient dependence. The risk of such complications arising is dependant upon the patient's general health, severity of the patient's discomfort, pain tolerance, self-discipline in not abusing the medicine and proper professional supervision. Such medications generally entail very significant risks - some with rather high probabilities.
RISKS INHERENT IN SUCH OPTIONS AND THE PROBABILITY OF SUCH RISKS OCCURRING (Continued)

- Hospitalization in conjunction with other care bears the additional risks of exposure to communicable disease, iatrogenic (doctor induced) mishap and expense.
- The risk inherent in surgery includes adverse reaction to anesthesia, iatrogenic mishap, all those of hospitalization and an extended convalescent period. The probability of those risks occurring varies according to many factors.

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 or have had read to me the above explanation of the chiropractic adjustment and related treatment. I have discussed it with the doctor 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 treatment recommended. Having been informed of the risks, I hereby give consent to that treatment.

NAME ___________________________ DATE ___________________________

SIGNATURE OF PATIENT OR PARENT/GUARDIAN ___________________________ DATE ___________________________

WITNESS SIGNATURE ___________________________ DATE ___________________________

CONDITION OF PATIENT AT TIME OF CONSENT PROCESS

Based on my personal observation and direct conversation with the patient, I conclude that throughout the consent process the patient was:

[ ] Oriented as to time and place
[ ] Coherent and lucid
[ ] Receiving medication but unimpaired
[ ] Able to understand the language used
[ ] Assisted in understanding by use of interpreter
  Interpreter’s name: _______________________________________________________

[ ] Assisted in consent process by family members:
  Name ___________________________ Relationship ___________________________

[ ] Assisted in consent by staff members:
  Name ___________________________

PATIENT HAD THE FOLLOWING QUESTIONS AND WAS SUPPLIED WITH THE FOLLOWING ANSWERS:

COMMENTS: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I certify that the above accurately describes the consent process in the above case

SIGNATURE OF DOCTOR/STAFF MEMBER ___________________________ DATE ___________________________