



# ACTIVE LIFE WELLNESS CENTER

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## **Informed Consent to Chiropractic Treatment**

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a click or pop when a knuckle is cracked and may feel movement of the joint. Various ancillary procedures such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound and or dry hydrotherapy may also be used.

Possible Risks: As with any health care procedures, complications are possible following a chiropractic manipulation. Complications could include fracture of bone, muscular strain, ligament sprain, dislocation of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injuries to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or minor complications.

Probability of risks occurring: The risks of complications due to a chiropractic treatment have been described as rare, about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke has been estimated at one in one million to one in twenty million and can be even further reduced by screening procedures. Probability of adverse reaction due to ancillary procedures is also considered rare.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite possible that delay of treatment will complicate condition and make further rehabilitation more difficult.

I have read the explanations above about chiropractic treatment, possible risks and the probability of occurrence. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the treatment recommended and hereby give my full consent to treatments.

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Printed Name

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Signature

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Date

Witness:

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Printed Name

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Signature

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Date