

# CHIROPRACTIC INFORMED CONSENT

(FORM UPDATED 05/23/2020)

Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

## The nature of the chiropractic treatment

One of the primary treatments I use as a Doctor of Chiropractic is spinal manipulative therapy. I may use this procedure to treat you. I may use my hands or a mechanical instrument 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 a sense of movement. I may also recommend and utilize different types of treatment within the chiropractic scope of practice depending on your condition, and what my clinical judgment believes to be appropriate. In presenting a different treatment option, I will explain the benefits and risks associated in seeking your consent. When you give verbal consent I will make note of it in your chart.

## The material risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. 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. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

## The probability of those risks occurring.

Fractures are rare occurrences and generally result from some underlying weakness of the bone which I will attempt to discover during the taking of your history and during examination. If there is indication for X-ray I will make the appropriate recommendation and/or referral. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical (neck) adjustments. The other complications are also generally described as rare.

## The availability and nature of other treatment options.

Other treatment options for your condition may include:

- Self-administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers
- Hospitalization
- Surgery

If you chose to use one of the above noted "other treatment" options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician. Like all treatments, you understand there is no guarantee that chiropractic care will eliminate or cure your condition.

## The risks and dangers attendant to remaining untreated.

Remaining untreated may allow the formation of adhesions and reduce mobility which may set 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.

## DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

**By signing below I state that I have weighed the risks involved in undergoing treatment and have 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 that treatment.**

Patient or Representative Name (Print): \_\_\_\_\_

Patient or Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Doctor (Print): \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_