

# Informed Consent to Chiropractic Treatment

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

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to the following:

- Soreness- Chiropractic adjustments are sometimes accompanied with post treatment soreness. This is normal, and usually will not last longer than 24 hours, but please advise your doctor of any soreness.
- Soft Tissue Injury- Occasionally, chiropractic treatment may aggravate a disc injury, or cause minor joint, ligament, tendon, or other soft tissue injury.
- Rib Injury- Manual adjustments to the thoracic spine, in rare cases, may cause a rib injury or fracture. Precautions such as pre-adjustment x-rays are taken for cases considered at risk. Treatment is performed carefully to minimize such risk.
- Cerebrovascular Accident- Although stroke was previously associated with cervical spine manipulation, the ACA Board has concluded that "there is sufficient evidence to establish that a stroke or a cervical arterial dissection is NOT a risk or side effect of a joint mobilization, manipulation or adjustment of the cervical spine."
- Physiotherapeutic Risks- Heat generated by physical therapy modalities may cause minor burns to the skin. Cryotherapy (ice) can cause frostbite. Soft tissue work can cause bruising and discomfort. While these side effects are rare, they should be reported, to us immediately, as well as other side effects you may be experiencing.

I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely upon the doctor to exercise his best professional judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known to him, is in my best interest.

Chiropractic is a system of health care delivery, and therefore, as with any health care delivery system, we cannot promise a cure for any symptom, condition, or disease. An attempt to provide the best chiropractic care is our goal, and if the results are not successful, we will refer you to another healthcare provider. Please ask your doctor of chiropractic if you have any questions or concerns.

My doctor has taken the time to respond to all of my requests for information and questions about the proposed treatment, and I have read or have had read to me the above consent. I have also had the opportunity to ask any other questions concerning my treatment and its content. I have fully evaluated the risks and benefits associated with chiropractic treatment. I have freely decided to undergo the recommended treatment and by signing below, I consent to chiropractic treatment.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Witness