

Chiropractic Treatment: Informed Consent

Please read this consent form and then sign where indicated at the bottom. Your specific risk factors and benefits will be discussed by your doctor during your initial visit. Clinicians who use spinal manual therapy techniques, such as joint adjustments or manipulation, are required to inform patients that there are or may be some risks associated with such treatment. In particular:

- a) While rare, some patients have experienced muscle and ligament sprains or strains, or rib fractures following spinal manual therapy.
- b) There have been reported cases of injury to a vertebral artery following a neck adjustment, manipulation or mobilization. Such vertebral artery injuries may on rare occasion cause a stroke, which may result in serious neurologic injury and/or physical impairment. This form of complication is an extremely rare event, occurring about 1 time per million treatments.
- c) There have been reported cases of disc injuries following spinal manual therapy, although no specific study has ever demonstrated such injuries are caused, or may be caused by adjustment or manipulative techniques and such cases are also rare.

Treatments are provided at Hands on Health, including spinal adjustment or manipulation have been the subject of research conducted over many years and have been demonstrated to be appropriate and effective treatments for many common forms of spinal pain, shoulder/arm/leg pain, headaches, or other similar symptoms. Treatment at this clinic may also contribute to your overall well-being. The risk of injury or complications from manual treatment is substantially lower than the risk associated with medications or other treatments frequently given as alternative care for the same forms of musculoskeletal pain. Your risk will be evaluated per your individual case and an explanation of care and a suggested treatment plan will be provided. Or, a referral for consultation or further evaluation will be given if deemed necessary.

Acknowledgement: I acknowledge I have discussed, or have been given the opportunity to discuss with my clinician the nature of chiropractic treatment in general or my treatment in particular as well as the contents of this consent.

Consent: I consent to the chiropractic treatment(s) offered or recommended to me by my clinician including joint adjustment, manipulation or mobilization to the joints of my spine, (neck and back) pelvis and extremities (shoulder, upper/lower limbs). I intend this consent to apply to all my present and future treatments at this clinic.

Patient Signature/Legal Guardian

Date

Informed Consent for an Unproven Procedure:

Per Rule 15 of the State Board Rules for Chiropractic, cold laser is considered an unproven procedure unless used in a manner approved by the Food and Drug Administration and requires informed consent. Your signature below indicates that you understand this is an unproven procedure and that you have given permission to proceed with the use of cold laser if appropriate for your care.

Patient Signature/Legal Guardian

Date