



Informed Consent to Chiropractic Treatment

All physicians are required by law to obtain your informed consent prior to starting treatment. I, _____ do hereby give my consent to the performance of conservative, noninvasive treatment to the joints and tissues of the body. I understand that these procedures may consist of manipulations and adjustments involving the movement joints and soft tissues. Physical therapy, rehabilitative exercises, passive care modalities, and other procedures may be used.

Chiropractic care commonly involves the doctor using his/her hands or a mechanical device in order to mobilize the joints and soft tissues of the body. You may feel a “click” or “pop,” much like when a knuckle is “cracked,” and you may feel movement of the joint.

Although osseous manipulation is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures as follows:

- **Soreness:** I am aware that it is common to experience muscle soreness following treatment. I am also aware that complications such as bruising, redness, and swelling are possible side effects of particular treatments.
- **Dizziness:** Temporary symptoms such as dizziness and nausea can occur but are extremely rare
- **Fractures/Joint Injury:** I understand that in isolated cases with underlying physical defects, deformities, or pathologies such as weakened bone structure due to osteoporosis may render the patient susceptible to injury. When these or other pathologies are detected, the physicians will proceed with extra caution.
- **Stroke:** The risk of stroke due to chiropractic manipulation is extremely rare. The risk of complications such as stroke due to chiropractic treatment has been estimated at one in one million to one in twenty million, and can be further reduced by taking extra precautions during screening measures during our physical exam. These tests will be performed on each patient to minimize the risk of any complication from treatment and the patient freely assumes these risks.

Alternative Treatments Available

Reasonable alternatives to these procedures have been explained to me, including:

- Medications (both over the counter and prescription): Medication can be used to reduce pain or inflammation. I am aware that long-term use or overuse of medication can actually mask pathology, produce inadequate or short term relief, undesirable side effects, physical or psychological dependence, and may have to be continued indefinitely. Medications can also involve serious health risks, including irritation to the stomach lining and liver and kidneys.
- Rest/Exercise: It has been explained that rest is always an option, as it may temporarily reduce pain and inflammation, however typically this is not likely to completely reverse pathology. The same is true for use of ice, heat, or other home therapies. Prolonged sedentary lifestyles contribute to weakened bones, muscle tightness, and joint stiffness. Exercises that are appropriate for my condition and executed properly can enhance healing, however it is in my best interest to be guided through appropriate rehab by my chiropractic physician in order to reduce the risk of further injury.
- Hospitalization/Surgery: In conjunction with medical care can add to risk of exposure of virulent communicable disease in a significant number of cases. While in some cases is necessary, I understand the risks involved with consenting to an invasive form of therapy without first seeking conservative management.
- Non-treatment: I understand the potential risks of refusing or neglecting care may include the formation of adhesions, scar tissue, increased pain, restricted motion, possible nerve damage, increased inflammation and degenerative changes, and an overall worsening of pathology. The aforementioned may complicate later treatments, making future recovery and rehabilitation more difficult and lengthy.

I have read or have had read to me the above explanation of chiropractic treatment. I have had any further unique and unusual risks of my individual condition explained to me. I have had the opportunity to have any questions or concerns answered and addressed to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely and voluntarily made my decision to undergo any recommended treatment, and hereby give my full consent to treatment.

I attest to my consent to these procedures, I hereby affix my signature to this authorization for treatment.

Printed Name

Signature

Date

Relationship to Patient

Witness Signature