

Patient Name: _____

To the patient: 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 adjustment.

The primary treatment we use as a Doctor of Chiropractic is spinal manipulative therapy or adjustments. We will use that procedure to treat you. The procedure may be by hand or with a mechanical instrument placed 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.

Analysis/Examination/Treatment

In addition to spinal manipulation, we may use a variety of other therapies and examination procedures. As a part of the analysis, examination, and treatment, you are consenting **to any and all** of the following procedures:

| | |
|--|--|
| spinal manipulative therapy/adjustment | instrument spinal/extremity adjustment |
| vital signs | muscle strength testing |
| palpation | trigger point therapy |
| orthopedic testing | range of motion testing |
| basic neurological exam | flexion distraction traction |
| postural analysis testing | hot/cold therapy |
| x-ray/radiographic studies | electric muscle stimulation |
| rehabilitation/core strengthening | nutritional analysis/therapy |
| manual traction adjustment | laser therapy |
| low level laser therapy | ultrasound |
| spinal segmental traction | neuromuscular re-education |
| mechanical massage | |

The material risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation (CMT) and therapy. However studies have shown that any observed association between vertebral artery dissection (VAD) and stroke with CMT is likely attributed to patients with an undiagnosed VAD who seek care for neck pain and headache before the onset of a stroke. As a result we examine our patients thoroughly before initiating any treatment to be sure that treatment is appropriate. 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.

Chiropractic is a safe and comfortable form of health care for most people. If a potential risk is identified, you will be informed and offered either treatment or a referral to the appropriate health care specialist for evaluation and care.

_____ **Soreness:** It is not uncommon to experience some localized soreness following a manipulation. This type [INITIAL] of soreness is usually minor and occurs most often following the initial few visits. It is similar to the soreness you may experience after exercise.

_____ **Fracture:** Fractures caused from spinal manipulation are extremely rare, so rare that an actual number of [INITIAL] incidences per manipulation have never been determined. Patients suffering from bone weakening conditions like Osteoporosis are in a higher risk category. Alternative forms of spinal manipulation are utilized for this type of patient.

_____ **TIA/Stroke:** Overview: Spinal manipulation is clearly one of the safest forms of treatment for cervical [INITIAL] spine pain. The incidence of serious adverse events, stroke, or death is very rare. **Researchers found no evidence of excess risk of VBA stroke associated chiropractic care compared to primary care.** The risk was as low as 1.46 adverse events per 10,000,000 manipulations. The risk of artery dissection was as low as 1 per 5,846,381 cervical manipulations.

What about NSAIDs and Tylenol? To put it in perspective, non-steroidal anti-inflammatory drugs (NSAIDs) kill approximately 16,500 people per year annually in the US. And Tylenol toxicity is now the leading cause of liver failure in the US. Spinal manipulation is safer than NSAIDs by a factor of several hundred times.

Note: Screening tests are performed when necessary to rule out high-risk patients. Alternative spinal adjusting is utilized when necessary to minimize potential risks.

_____ **Ruptured/Herniated Disc:** There have been some reports of herniated or ruptured discs caused by spinal
[INITIAL] manipulation. Alternative spinal adjusting methods are often utilized to minimize the risk and help the patient recover from serious disc-related pain.

_____ **Other complications** include but are not limited to: fractures, disc injuries, dislocations, muscle strain,
[INITIAL] cervical myelopathy, costovertebral strains and separations, and burns.

_____ **The availability and nature of other treatment options.**
[INITIAL] Other treatment options for your condition may include:
- Self-administered, over-the-counter may include:
- 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.

_____ **The risks and dangers attendant to remaining untreated or undertreated.**
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. Early intervention to restore normal function and compliance with the treatment program are both essential in an effort to prevent the condition from progressing to a chronic pain state.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.
PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW**

I have read [] or have had read to me [] the above explanation of the chiropractic adjustment and related treatment. I have discussed it with the doctor(s) at the Eisman Clinic and/or _____ and have had my questions answered to my satisfaction. **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.**

NOTE: This informed consent form exceeds the minimal requirements and standards in the chiropractic profession.

Patient Name (please print): _____

Patient Signature: _____ Date: _____

Signature of Doctor: _____ Date: _____