

INFORMED CONSENT

State law requires our office to obtain your informed consent prior to examination and treatment. The purpose of this form is to inform you, not alarm you. What you are being asked to sign is simply a confirmation that you have been informed of the following:

EXAMINATIONS

X-rays: This office uses highly sensitive x-ray film, intensifying screens, and filter that provide high quality x-rays with the lowest possible x-ray exposure. The only noteworthy risk with taking x-rays deals with pregnancy. **If there is any possibility that you are pregnant, inform us prior to any x-ray examination.** If there is no possibility of this condition, the inherent risks are also rare that we have no available statistics to quantify their probability.

TREATMENT

Chiropractic adjustment/manipulation: The doctor will use his hands or a mechanical device upon your body in such a way as to move your joints in various directions. This procedure may cause an audible "pop" or "click" to be heard coming from you joints, which is not cause for alarm. There are some material risks involved in doing these procedures and they are as follows:

Pain: Chiropractic treatments may result in a temporary increase in soreness in the area receiving treatment.

Rib Fractures: Fractures caused by chiropractic treatments are rare. They occur most frequently in patients with osteoporosis or weakened bones. Evidence of osteoporosis can be noted on your x-rays, and if detected, the most appropriate gentle treatments are use, minimizing the possibility of fractures to the ribs.

Disc Injury: Chiropractic treatment is appropriate for the treatment of many kinds of back problems, including some disc problems(1). Occasionally, chiropractic treatment may aggravate or cause a problem if the disc is in a severely weakened state. However, This occurs so rarely that statistics to quantify the probability are unavailable, but estimates place the risk of serious injury at about 1 serious complication per 100 million low back manipulations(2).

Stroke: The overall incidence of stroke in the general population is about 2 per 1000 people (3). Although chiropractic adjustment/manipulation has been implicated as a possible cause of stroke, this possibility is extremely rare. The best available data suggests that stroke secondary to chiropractic adjustment/manipulation may occur in 1 per 100,000 patients(4)-a rate well below the overall average risk in the general population. In comparison, the overall average risk of death from taking non-steroidal anti-inflammatory drugs(aspirin, Ibuprofen, Naproxen Sodium, etc.) is 4 per 10,000 patients(5). The risk of serious complication or death from spine surgeries of the neck is 11.25 per 100 patients(5). As you can see, the risk of stroke from chiropractic treatments is much lower than that of other common medical treatments. Even though the risk is small, we have implemented procedures and tests that will likely reduce the potential for stroke even more.

Chiropractic is a system of health care delivery. As with any health care delivery system we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this office. We will always give you our best care, and if your results are not acceptable, we will refer you to another health care provider who we feel will assist your situation.

If you have any questions on the above information, please ask your doctor. When you have a full understanding, please sign and date this form below.

I HAVE BEEN INFORMED OF THE MOST LIKELY COMPLICATIONS OF THE POSSIBLE UNDESIRE RESULTS OF CHIROPRACTIC EXAMINATION AND TREATMENT IN THIS OFFICE AND I UNDERSTAND THEM.

I hereby authorize and direct Dr. _____ and his/her associates or assistants to provide such additional services as they may deem reasonable and necessary.

I HEREBY STATE THAT I HAVE READ—OR HAVE HAD SOMEONE READ TO ME—THIS CONSENT FORM.

Patient's Signature: _____ Date: _____

Patient's Printed Name: _____

Guardian's Signature: _____ Date: _____

Guardian's Printed Name: _____

Witness' Signature: _____ Date: _____

Witness' Printed Name: _____

REFERENCES

1. Troyanovich SJ, Harrison DD, Harrison DE. Low back pain and the lumbar intervertebral disc: Clinical consideration for the doctor of chiropractic. J Manipulative Physiol Ther 1999;22(2):96-104.
2. Shekelle PG. Spine update: Spinal manipulation. Spine 1994;19:858-861.
3. Clayman CB. The American Medical Association Home Medical Encyclopedia. New York: Random House;1989:947-948.
4. Dabbs V, Lauretti WJ. Risk assessment of cervical manipulation vs. NSAIDs for the treatment of neck pain. J Manipulative Physiol Ther 1995;18:530-536.
5. Hurwitz, EL, Aker PD, Adams AH, Meeker WC, Shekelle PG. Manipulation and mobilization of the cervical spine: A systematic review of the literature. Spine 1996;21:1746-1760.