



ARCTIC CHIROPRACTIC NOME

Informed Consent

Patient Name _____

Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask any questions before you sign if there is anything unclear.

The Nature of the Chiropractic Adjustment

The primary treatment used by a Doctor of Chiropractic is spinal manipulative therapy. The doctor will use that procedure to treat you. He/She may use their hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible “pop” or a “click” much as you may have experienced when you “crack” your knuckles. You may also feel a sense of movement with the adjustment.

Analysis / Examination / Treatment

As a part of the analysis, examination and treatment, you are consenting to the following procedures:

- | | | |
|-------------------------------|---------------------|------------------------------|
| *Spinal manipulation | *Palpation | *Vital signs |
| *Range of motion testing | *Orthopedic testing | *Basic neurological testing |
| *Muscle strength testing | *Postural analysis | *Electric muscle stimulation |
| *Ultrasound | *Hot/Cold therapy | *Neuro-muscular release |
| *Radiographic studies | *Traction | *Therapeutic exercises |
| *Other (Please explain below) | *Stretches | |

(Explanation from Above)

The Material Risks Inherent in Chiropractic Adjustment

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to and including stroke. Some patients will feel some stiffness and/or soreness following the first few days of chiropractic treatment. **The doctor will make every reasonable effort during your examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to the doctor’s attention, it is your responsibility to inform the doctor.**

The Probability of those Risks Occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bone which we check for during the history and examination (x-rays if deemed necessary). Stroke had been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are



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estimated to occur between one in one million to one in five million cervical adjustments. The other complications are also generally described as rare.

The Availability and Nature of Other Treatment Options

Other treatment options for your condition may include:

- *Self-administered, over-the-counter analgesics and rest,
- *Medical care and prescription drugs such as anti-inflammatory medications, muscle relaxants and pain killers,
- *Hospitalizations,
- *Surgery

If you choose to use the above noted "other treatment" options, you should be aware there are risks and benefits of such options and you may wish to discuss these with your primary care medical physician.

The Risk and Dangers Attendant to Remaining Untreated

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 the treatment is postponed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE. PLEASE CHECK THE APPROPRIATE BOX 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 informed consent with my doctor and/or have had all of 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 treatment.

Date

Date

Patient Printed Name

Doctor Printed Name

Patient (Parent/Guardian) Signed Name

Doctor Signed Name