

Thomaston Chiropractic Clinic

INFORMED CONSENT

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. If you have questions Dr Cotney or the receptionist will be glad to answer them. If you prefer to have it read to you, please tell the receptionist.

The nature of the chiropractic adjustment.

The primary treatment I use as a Doctor of Chiropractic is **spinal manipulative therapy**, aka **Chiropractic Adjustment**. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to manipulate your joints. That may cause an audible “pop” or “click,” that scientist claim is nitrogen gas escaping from your joint capsule. You may feel a sense of movement.

Analysis/Examination/Treatment

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

<input type="checkbox"/> spinal manipulative therapy	<input type="checkbox"/> palpation	<input type="checkbox"/> vital signs
<input type="checkbox"/> range of motion testing	<input type="checkbox"/> orthopedic testing	<input type="checkbox"/> basic neurological testing
<input type="checkbox"/> muscle strength testing	<input type="checkbox"/> postural analysis	<input type="checkbox"/> electrical muscle stim.
<input type="checkbox"/> ultrasound	<input type="checkbox"/> hot/cold therapy	<input type="checkbox"/> low level laser
<input type="checkbox"/> radiographic studies	<input type="checkbox"/> exercise therapy	

The material risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during chiropractic care. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains, 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 serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. 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.

Fractures are rare occurrences and generally result from some underlying weakness of the bone which I check for while taking your history, and when examining you and evaluating any diagnostic imaging made here or elsewhere. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between 1 in 1,000,000 and 1 in 5,000,000 cervical adjustments. Other complications are also generally described as rare. As a comparison, the CDC states that death occurs from complications of surgery on average 9 per 100,000 cases, age 45-65.

The availability and nature of other treatments 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, 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 family doctor, pharmacist or the healthcare professional providing that procedure.

The risks 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 it is postponed.

I have read () or have read to () the above explanation of the chiropractic adjustment and related treatment. 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.

Dated: _____

Patient's Name

Signature

Signature of Parent or Guardian (if a minor)