

Washington Park Chiropractic - Informed Consent

I, the undersigned, have voluntarily requested that the Doctors and/or other providers at Washington Park Chiropractic assist me in the management of my health concerns. I understand and agree to all policies and terms provided in the Office Policies and Procedures.

Chiropractic healthcare is an art and science that is primarily concerned with the relationship between structure (primarily of the spine) and function (primarily of the nervous system). The doctor of chiropractic evaluates the patient using standard examination and testing procedures (such as orthopedic and neurologic evaluation and possibly x-rays) along with specialized chiropractic evaluation including observation, inspection, auscultation and palpation. The chiropractic examination focuses on structural or functional abnormalities called segmental dysfunction. Segmental dysfunction exists when one or more vertebrae in the spine or bones in the extremity are fixated sufficiently to result in damage or irritation to either nearby nerves, joints, and or tissues such as muscles and ligaments. The primary goal of chiropractic treatment is to remove the fixation. This is accomplished by performing a procedure unique to chiropractic called an adjustment. An adjustment involved the application of a quick, precise force directed over a very short distance to a specific vertebrae or bone. Adjustments are usually performed by hand, but may use a hand-guided instrument. In addition to adjustments, other treatments used by chiropractors include physiotherapy modalities (ice, heat, soft tissue manipulation), nutritional recommendations and rehabilitative procedures.

As is the case with all health care interventions, the benefits of care must be weighted against the inherent risks and limitations of receiving treatment. Chiropractic treatments are one of the safest interventions available to the public as evidenced by malpractice statistics. While there are risks involved with treatment, these are seldom great enough to contraindicate care.

Results from Treatment

I understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. However, I appreciate there is no certainty that I will achieve these benefits. I realize that the practice of medicine as well as chiropractic, is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures. I agree to the performance of these procedures by my doctor and such other persons of the doctor's choosing.

Possible Risks & Side Effects from Treatment

One research study indicated that within the first 2 months of care, approximately half of patients report some "reaction" to chiropractic treatment. Of those who reported a reaction, the following were the most commonly reported reactions to initial chiropractic care:

- Local Discomfort (53%)
- Headache (12%)
- Tiredness (11%)
- Radiating Discomfort (10%)

Most appeared within 4 hours of treatment and resolved within 24 hours.

Rare, yet possible side-effects / Complications:

- Rib Fracture
- Disc Herniation
- Cauda Equina Syndrome (1 case per 100 million adjustments)
- Compromise of the vertebrobasilar artery (ie. Stroke) (1 case per 400,000 to 1 million cervical spine adjustments)

Stretching & Exercise Disclaimer

Additional risks are present with stretching and exercise. These risks are increased if you have had surgery or have had a surgical implant or device or history of dislocation. Please consult your treating and or operating physician prior to engaging in any stretching or exercise program.

Alternative Treatments Available

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

Informed Consent

Medications: I am aware that long-term use or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short-term relief, undesirable side-effects, physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks that I should discuss with my medical doctor.

Rest/Exercise: Simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice, heat, or other home therapy. Prolonged bed rest contributes to weakened bones and joint stiffness. Exercises are of value but are not corrective of injured nerve and joint tissues.

Surgery: Surgery may be necessary for conditions such as joint instability or serious disk rupture, among others. Surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery.

Non-treatment: I understand the potential risks of refusing or neglecting care may include increased pain, scar/adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthy.

Please answer all questions below to help us determine possible risk factors:

1. Have you ever had an adverse (ie. bad) reaction to or following chiropractic care? Y N
2. Have you ever been diagnosed with osteoporosis? Y N
3. Do you take corticosteroids (ie. Prednisone)? Y N
4. Have you ever been diagnosed with a compression fracture of the spine? Y N
5. Have you ever been diagnosed with cancer? Y N
6. Do you take Warfarin (coumadin), heparin or other "blood thinners"? Y N
7. Have you ever had a stroke or TIA (transient ischemic attack)? Y N
8. Have you ever been diagnosed with any of the following?
 - a. Rheumatoid Arthritis Y N
 - b. Reiter's Syndrome, Ankylosing Spondylitis, Psoriatic Arthritis Y N
 - c. Giant Cell Arteritis Y N
 - d. Ligamentous Hypermobility (Marfan's, Ehler's Danlos) Y N
9. Have you ever become dizzy while turning your head? Y N
10. Have you ever had spinal surgery? Y N
11. Have you ever been diagnosed with spinal stenosis? Y N
12. Have you ever had any of the following problems?
 - a. Sudden weakness in the arms or legs? Y N
 - b. Numbness in the genital area? Y N
 - c. Recent inability to urinate or lack of control when urinating? Y N

A thorough health history and physical examination will be performed on me to minimize the risk of any complication from treatment and I freely assume these risks.

I have read or have had read to me the above explanation of chiropractic treatment. The doctor has also asked me if I want a more detailed explanation; but I am satisfied with the explanation and do not want any further information. I have made my decision voluntarily and freely. To attest to my consent to these examination and treatment procedures, I hereby affix my signature to this Informed Consent document.

Signature of patient (or guardian) _____ Date _____

I explained the procedures, alternatives, and risks in conference with the patient.

Doctor's Signature _____ Date _____

Informed Consent