



## **INFORMED CONSENT TO TREATMENT**

The primary treatment used by doctors of chiropractic is the spinal adjustment. I will use that procedure to treat you.

- **The nature of the chiropractic adjustment.**

I will use my hands or a mechanical device upon your body in such a way as to move your joints. This may cause an audible “pop” or “click”, much as you may experience when you “crack” your knuckles.

- **The material risks inherent in chiropractic adjustment.**

As with any healthcare procedure, there are certain complications which may arise during a chiropractic adjustment. Those complications may include: fractures, disc injuries, dislocations and muscle strains, Horner’s syndrome, diaphragmatic paralysis, cervical myelopathy, and costovertebral strains and separations. 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 may feel some stiffness and soreness following the first few days of treatment.

- **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 taking of your history, examination, and x-ray. Stroke has been the subject of tremendous disagreement within and without the profession, with one prominent authority stating that there is at most a one-in-a-million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as “rare”.

- **The risks and dangers attendant to remaining untreated.**

Remaining untreated allows the formations of adhesions and reduces mobility which sets 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. The probability that non-treatment will complicate any later rehabilitation is very high.

### **DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE**

I have read [ ] or have had read to me [ ] the above explanation of the chiropractic adjustment and related treatment. I 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 myself 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 Belleville Chiropractic and Wellness Center.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_