



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.

Treatments

Chiropractic

Chiropractic healthcare 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 extremities 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 segmental dysfunction. This is accomplished by performing a procedure unique to chiropractic called an adjustment. An adjustment involves 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 weighed 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.

K-Laser Therapy

Laser therapy is a safe and effective therapy that is FDA cleared for the temporary relief of pain and reduction of symptoms associated with mild arthritis and muscle pain. Laser also promotes relaxation of muscle spasms and vasodilation. Adverse effects from laser therapy are normally rare and temporary but can include mild bruising, increased pain during application of laser and/or the day after laser therapy.

Manual Therapy

A large part of our treatment involves manual therapy performed by hand or by using instruments. Manual therapy is generally performed to increase range of motion, reduce scar tissue and treat sprains and strains. Some common side effects of manual therapy include soreness and bruising.

Massage Therapy

Massage therapy is used to help manage a health condition or enhance wellness. Our trained and certified massage therapists manipulate the soft tissues of your body — muscle, connective tissue, tendons, ligaments and skin — using varying degrees of pressure and movement. Massage is delivered to improve the flow of blood, to reduce muscular tension, to affect the nervous system through stimulation or sedation, and to enhance tissue healing. Side effects of massage therapy may include temporary pain or discomfort, bruising or swelling.

Spinal Decompression Therapy

Spinal Decompression is a non-surgical treatment that gently stretches the spine using a specialized traction table with the goal of relieving pain. It helps to retract or recalibrate herniated or bulging disc material by creating negative pressure within the disc. This pressure allows for a greater flow of oxygen, fluids, and nutrients to the area to prompt healing. It also encourages vertebral joint mobility to maintain health of the spine. The most common side effect is a dull, achy soreness for the first week or two as the body becomes accustomed to being stretched and decompressed.

Stretching

The use of gentle force to stretch muscles, which may alleviate sore muscles and increase range of motion. This involves the provider moving joints through their full range of motion and holding the position for an amount of time. The provider may ask the patient to meet their full resistance to activate muscles, which is called PNF (Proprioceptive Neuromuscular Facilitation).

Results and Side Effects

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 spasms. 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 treatment:

Local Discomfort (53%)

Headache (12%)

Tiredness (11%)

Radiating Discomfort (10%)

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

Rare 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:

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, create undesirable side-effects, produce 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 outcomes, 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.

Possible Risk Factors

PLEASE CIRCLE the answer to all questions below to help us determine possible risk factors:

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| 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 or osteopenia? | Y N |
| 3. | Do you take corticosteroids (ie. Prednisone)? | Y N |
| 4. | Have you ever been diagnosed with a 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. Ligamentous Hypermobility (Marfans, Ehlers, Danlos) | Y N |
| 9. | Have you ever become dizzy while turning your head? | Y N |
| 10. | Have you ever had spinal / back 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 of legs? | Y N |
| | b. Numbness in the genital area? | Y N |
| | c. Recent inability to urinate or lack of control when urinating? | Y N |
| 13. | Are you currently pregnant or potentially pregnant? | Y N |
| 14. | Have significant bruising throughout the body? | Y N |
| 15. | Undergoing chemotherapy? | Y N |

A thorough health history and physical examination will be performed on me to minimize the risk of any complications 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 _____

Doctor's Signature _____ Date _____

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