

Informed Consent Form

The doctor of chiropractic evaluates the patient using standard examination and testing procedures. A chiropractic adjustment involves the application of a quick, precise force directed over a very short distance to a specific vertebra or bone. There are a number of different techniques that may be used to deliver the adjustment, some of which utilize specially designed equipment. Adjustments are usually performed by hand but may also be performed by hand-guided instruments. Other treatments used by chiropractors include physiotherapy modalities (heat, ice, ultrasound, and soft-tissue manipulation), nutritional recommendations, rehabilitative procedures, and acupuncture.

Chiropractic treatments are one of the safest interventions available to the public demonstrated through various clinical trials and indirectly reflected by the low malpractice insurance paid by chiropractors. While there are risks involved with treatment, these are seldom great enough to contraindicate care. Referral for further diagnosis or management to a medical physician or other health care provider will be suggested based on history and examination findings. Listed below are summaries of both common and rare side-effects/complications associated with chiropractic care:

Common ¹.

- Reactions most commonly reported are local soreness/discomfort (53%), headaches (12%), tiredness (11%), radiating discomfort (10%), dizziness, the vast majority of which resolve within 48 hours

Rare ²

- Fractures or joint injuries in isolated cases with underlying physical defects, deformities or pathologies
- Physiotherapy burns due to some therapies
- Disc herniation's
- Cauda Equina Syndrome³ (1 case per 100 million adjustments)
- Compromise of vertebrobasilar artery (i.e. stroke) (1 case per 400,000 to 1 million cervical spine adjustments [manipulations]). This associated risk is also found with consulting a medical doctor for patients under the age of 42 and is higher for those older than 42 when seeing a medical doctor.^{4,5} These findings suggest that neither chiropractic or medical care is the cause, but rather because patients with a dissection in progress have symptoms of headache or neck pain they seek care from a health care provider. Please indicate to your doctor if you have a headache or neck pain that is the worst you have ever felt.

Reasonable alternatives to these procedures have been explained to me including prescription medications, over-the-counter medications, possible surgery, and non-treatment. Listed below are summaries of concern with the associated alternative procedures.

- Long-term use or overuse of medication carries some risk of dependency with the use of pain medication the risk of gastrointestinal bleeding among other risks
- Surgical risks may include unsuccessful outcome, complications such as infection, pain, reactions to anesthesia, and prolonged recovery.⁶
- Potential risks of refusing or neglecting care may result in increased pain, restricted motion, increased inflammation, and worsening of my condition.⁷

Neck and back pain generally improve in time, however, recurrence is common. Remaining active and positive improve your chances of recovery.

1. Senstad O, Leboeuf-Yde C, Borchgrevink CF. Side-effects of chiropractic spinal manipulation: type's frequency, discomfort and course. *Scand J Prim Health Care*. Mar 1996;14(1):50-53.
2. Thiel HW, Bolton JE, Docherty S, Portlock JC. Safety of chiropractic manipulation of the cervical spine: a prospective national survey. *Spine*. Oct 1 2007;32(21):2375-2378; discussion 2379.
3. Shekelle PG, Adams AH, Chassin MR, Hurwitz EL, Brook RH. Spinal manipulation for low-back pain. *Ann Intern Med*. Oct 1 1992;117(7):590-598.
4. Boyle E, Cote P, Grier AR, Cassidy JD. Examining vertebrobasilar artery stroke in two Canadian provinces. *Spine*. Feb 15 2008;33(4 Suppl):S170-175.
5. Cassidy JD, Boyle E, Cote P, et al. Risk of vertebrobasilar stroke and chiropractic care: results of a population-based case-control and case-crossover study. *Spine*. Feb 15 2008;33(4 Suppl):S176-183.
6. Carragee EJ, Hurwitz EL, Cheng I, et al. Treatment of neck pain: injections and surgical interventions: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine*. Feb 15 2008;33(4 Suppl):S153-169.
7. Carroll LJ, Hogg-Johnson S, van der Velde G, et al. Course and prognostic factors for neck pain in the general population: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine*. Feb 15 2008;33(4 Suppl):S75-82.

PATIENT NAME (PRINT): _____

Please check any appropriate boxes if it is true for you to help us determine possible risk factors:

QUESTION	YES	NO
GENERAL		
Have you ever had an adverse (i.e. bad) reaction to or following chiropractic care?	<input type="checkbox"/>	<input type="checkbox"/>
BONE WEAKNESS		
Have you been diagnosed with osteoporosis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take corticosteroids (e.g. prednisone)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with a compression fracture(s) of the spine?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with cancer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any metal implants?	<input type="checkbox"/>	<input type="checkbox"/>
VASCULAR WEAKNESS		
Do you take aspirin or other pain medication on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, about how much do you take daily? _____		
Do you take warfarin (coumadin), heparin, or other similar "blood thinners"?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with any of the following disorders/diseases?		
• Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>
• Reiter's syndrome, ankylosing spondylitis, or psoriatic arthritis	<input type="checkbox"/>	<input type="checkbox"/>
• Giant cell arteritis (temporal arteritis)	<input type="checkbox"/>	<input type="checkbox"/>
• Osteogenesis imperfecta	<input type="checkbox"/>	<input type="checkbox"/>
• Ligamentous hypermobility such as with Marfan's disease, Ehlers-Danlos syndrome	<input type="checkbox"/>	<input type="checkbox"/>
• Medial cystic necrosis (cystic mucoid degeneration)	<input type="checkbox"/>	<input type="checkbox"/>
• Bechet's disease	<input type="checkbox"/>	<input type="checkbox"/>
• Fibromuscular dysplasia	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever become dizzy or lost consciousness when turning your head?	<input type="checkbox"/>	<input type="checkbox"/>
SPINAL COMPROMISE OR INSTABILITY		
Have you had spinal surgery?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		
Have you been diagnosed with spinal stenosis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with spondylolisthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any of the following problems?		
• Sudden weakness in the arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
• Numbness in the genital area?	<input type="checkbox"/>	<input type="checkbox"/>
• Recent inability to urinate or lack of control when urinating?	<input type="checkbox"/>	<input type="checkbox"/>

I also understand that my condition may worsen and referral may be necessary if a course of chiropractic care does not help or improve my condition. I have read the previous information regarding risks of chiropractic care and my doctor has explained my risks (if any) to me and suggested alternatives when those risks exist. I understand the purpose of my care and have been given an explanation of the treatment, the frequency of care, and alternatives to this care. All of my questions have been answered to my satisfaction. I agree to this plan of care.

PATIENT'S SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____
(if appropriate)

DATE _____

DOCTORS SIGNATURE _____

DATE _____