

INFORMED CONSENT TO TREATMENT

Please read this consent form, discuss it with your clinician, and then sign where indicated at the bottom.

Clinicians who use manual therapy techniques such as joint adjustment, manipulation or mobilisation are required to advise patients that there are or may be some risks associated with such treatment. In particular you should note:

- a) While rare, some patients may experience short-term aggravation of symptoms, muscle and ligament strains or sprains, or rib fractures as a result of manual therapy techniques. It is also possible that you may suffer an increase in your symptoms.
- b) There are reported cases of damage to blood vessels within the neck and/ or stroke associated with many everyday neck movements, including adjustment or manipulation of the cervical spine. However, present medical and scientific evidence does not establish a definite cause and effect relationship between cervical spine treatments and the occurrence of stroke. Indeed, expert opinion has written that such strokes usually occurs "*either spontaneously or after trivial trauma or common daily movements of the neck, such as backing out of a driveway, painting the ceiling, playing tennis, sneezing or engaging in yoga classes.*"¹ Furthermore, the apparent association is noted very infrequently, somewhere in the vicinity of 1 case per 1 million treatments. However, you are being warned of this possible association because stroke sometimes causes serious neurological injury and impairment (such as paralysis). While this has never happened in our office, we are still required to warn you.
- c) There have been reported cases of disc injuries following spinal manual therapy although no scientific study has ever demonstrated that such injuries are caused, or may be caused, by adjustment or manipulative techniques and such cases are very rare.

Treatments provided at this clinic, including spinal adjustment, manipulation and/ or mobilisation, have been the subject of much research over many years and have been demonstrated to be appropriate and effective treatments for many common forms of spinal pain, pain in the shoulders/ arms/ legs, headaches and other similar symptoms. Treatment provided at this clinic may also contribute to your overall well-being. The risk of injury or complication from manual treatment is substantially lower than the risks associated with many medications, and other treatments and procedures frequently given for the same symptoms.

- d) As a part of the clinic's dedication to providing the highest standard of care available, the clinic is often involved in various scientific research projects. Through our ongoing commitment to this important research, information relating to patient files is often used to contribute to the advancement of the scientific database. However, where this information is used, the identity and personal particulars of the patient remains completely confidential in order to protect the privacy of the patient. Should a project require any additional access to a patient's identity or personal particulars, at the discretion of the clinic, this information is only provided after obtaining the written consent of the patient.

Your clinician will evaluate your individual case, provide an explanation of care and a suggested treatment plan, or alternatively a referral for consultation and/ or further evaluation if deemed necessary.

Acknowledgement

I acknowledge I have discussed, or have had the opportunity to discuss, with my clinician the nature and purpose of chiropractic treatment in general and my treatment in particular as well as the contents of this consent.

Consent

I consent to the chiropractic treatment(s) offered or recommended to me by my clinician, including joint adjustment or manipulation or mobilisation to the joints of my spine (neck and back), pelvis and extremities (shoulder, upper limbs and lower limbs). I intend this consent to apply to all my present and future treatments at this clinic.

Dated this _____ day of _____ . 20_____

Patient Signature (Parent or Guardian to sign if the patient is under 18)

(Signature of Translator if applicable)

Please print name of Patient

(Please print name of Translator if applicable)

¹ Haldeman S, Carey P, Townsend M, Papadopoulos C. CMAJ 2001; 165(7): 905-6.