

Informed Consent Form

To determine the cause of a patient's presentation and need for and extent of care, the chiropractic doctor will obtain details about the current complaint[s] as well as one's past health history, subsequently perform a physical examination, and in particular cases acquire diagnostic images (such as x-rays or MRI) or laboratory tests.

Chiropractic doctors employ various manually-applied treatment procedures when caring for patients, the most common being an *adjustment*. A chiropractic adjustment involves the application of a quick, precise and usually painless force directed over a very short distance to a specific body part. Adjustments can be performed by hand, by hand-guided instruments, and with the use of specially designed equipment. In addition to adjustments, chiropractors may use other treatment procedures to care for a patient, such as mobilization procedures, physiotherapy modalities (heat, ice, ultrasound, electrical muscle stimulation), soft-tissue manipulation, nutritional recommendations, and supervised exercise and other rehabilitation measures. Neck and back pain are known to generally improve in time, however, recurrence is common. It is also known that keeping a positive attitude and remaining physically active improves one's chances for recovery.

The beneficial effects associated with chiropractic treatment procedures include decreased pain, improved mobility and function, and reduced muscle spasm. There are some conditions for which chiropractic care is contraindicated; other conditions may not respond to chiropractic treatment or perhaps worsen with chiropractic treatment. In these cases, referral to another healthcare provider may be necessary or suggested by the chiropractor.

The body of evidence suggests that chiropractic care is generally safe; however, as with any form of treatment, some risk may be involved. Listed below are summaries of both common and rare side-effects/complications reported to be associated with chiropractic care:

Common ^{1,2}

- 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 ^{3,4}

- Fractures or joint injuries in isolated cases with underlying physical defects, deformities or pathologies
- Burns due to some physiotherapy procedures
- Disc herniation
- Cauda equina Syndrome (1 case per 100 million adjustments)
- Vertebrobasilar artery stroke (1 case per 400,000 to 1 million cervical spine adjustments [manipulations]). A similar level of association to stroke is found for patients under the age of 45 when consulting with a medical doctor; for those older than age 45, the level of association to stroke is higher when seeing a medical doctor than a chiropractic doctor. *Please indicate to your doctor if you have a headache or neck pain that is the worst you have ever felt. These symptoms may indicate a dissection in progress.*

Alternative forms of treatment that a patient may want to consider before undergoing chiropractic care include *prescription and over-the-counter medications, surgical intervention, and non-treatment*. Listed below are summaries of concerns with these alternative procedures:

- Long-term use or overuse of certain medications carry some risk of dependency; with other medications, long-term use or overuse increases the risk of gastrointestinal bleeding
- Surgical risks may include unsuccessful outcome, complications such as infection, pain, reactions to anesthesia, and prolonged recovery⁵
- Potential risks of refusing or neglecting care may result in increased pain, restricted motion, increased inflammation, and worsening of my condition⁶

1. 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.
2. Rubinstein SM, Leboeuf-Yde C, Knol DL, de Koekkoek TE, Pfeifle CE, van Tulder MW. The benefits outweigh the risks for patients undergoing chiropractic care for neck pain: a prospective, multicenter, cohort study. *J Manipulative Physiol Ther*. Jul-Aug 2007;30(6):408-418.
3. 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.
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. 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.
6. 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.

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Please answer the following questions to help us determine possible risk factors:

QUESTION	YES	NO	DOCTOR COMMENTS
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"/>	
• Ligament 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 spondyliolithesis?	<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 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 understanding any perceived risk(s) and alternatives to this care.

PATIENT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

DOCTOR SIGNATURE _____

DATE _____