

INFORMED CONSENT

The nature of the chiropractic adjustment:

Chiropractic manipulative therapy involves the use of hands or a mechanical instrument upon the body in such a way to mobilize joints or soft tissues. An audible "pop" or "click" may be heard such as when "cracking" one's knuckles.

The material risk inherent in chiropractic adjustment:

As with any health care procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. Manipulation of the neck has been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. The Doctor will make every reasonable effort during the examination to screen for contraindications to care. However, if you or the individual for whom you are authorized to give consent has a condition that would otherwise not come to the Doctor's attention is your responsibility to inform the Doctor prior to treatment.

The probability of those risks occurring:

Fractures are rare occurrences and generally result from some underlying weakness of the bone which we screen for during the taking of the history and during examination and/or x-ray. Stroke and/or arterial dissection caused by chiropractic manipulation of the neck has been the subject of ongoing medical research and debate. The most current research on the topic is inconclusive as to a specific incident of this complication occurring. If there is a causal relationship at all it is extremely rare and remote. Unfortunately, there is no 100% reliable screening procedure to identify patients with neck pain who are at risk of arterial stroke.

The availability and nature of other treatment options:

Other treatment options for the condition(s) may include:

- Self-Administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxers and pain killers
- Hospitalization
- Surgery

If you choose to use one of the above noted options you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

The risks and dangers attendant to remaining untreated:

Remaining untreated may allow the formation of adhesions and reduce mobility which may establish 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.

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 discussed it with the Doctor and 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 decided that it is in my best interest or the best interest of the individual for whom I am authorized to give consent to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to treatment for current and any future conditions for which treatment is sought.

_____	David S. Wagner, D.C.	Verbal Consent Given _____
Patient's Name (Print)	Doctor's Name	
_____	_____	
Patient's Signature	Doctor's Signature	
_____	_____	
Date	Date	

Signature of Parent or Guardian		