



## **Informed Consent To Treatment**

Doctors of chiropractic who use manual therapy techniques such as spinal adjustments are required to advise patients that there are or may be some risks associated with such treatment.

In particular, you should note:

1. While rare, some patients have experienced short term aggravation of symptoms, rib fractures or muscle and ligament sprains or strains as a result of manual therapy techniques.
2. There have been reported cases of stroke associated with many common neck movements, including adjustment of the upper cervical spine. Present medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustment and the occurrence of stroke. Furthermore, the apparent association is noted very infrequently. However, you are being warned of this possible association because strokes sometimes cause serious neurological impairment, and may on rare occasion result in injuries including paralysis. The possibility of such injuries resulting from upper cervical spinal adjustments is extremely remote.
3. On rare occasion, there have been reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused or may be caused by spinal adjustments or chiropractic treatment.

Manual treatment, including spinal adjustment has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be effective treatment for many neck and back conditions involving pain, numbness, muscle spasm, loss of mobility, headaches and other similar symptoms. Chiropractic care contributes to your overall well-being. The risk of injuries or complications from chiropractic care is substantially lower than those associated with many medical or other treatments, medications, and procedures given for the same symptoms.

I acknowledge that I have discussed, or have had the opportunity to discuss with my chiropractor the nature and purpose of chiropractic treatment in general, and my treatment in particular (including spinal adjustment) as well as the contents of this Consent.

***I consent to the chiropractic treatments offered or recommended to me by my practitioner, including spinal manipulation. I intend this consent to apply to all present and future care.***

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Patient Signature  
(Parent/Guardian)**

\_\_\_\_\_  
**Date (Day/Month/Year)**