

Informed Consent to Chiropractic Treatment

Doctors of Chiropractic, Medical Doctors and Physiotherapists who use manual therapy techniques such as spinal adjustments and manipulations are required to advise patients that there are some risks associated with such treatment. In particular, you should note:

- a. While rare, some patients have experienced muscle strain, ligamentous sprain and rib fracture following spinal adjustments or manipulation.
- b. There have been reported cases of injury to the vertebral artery (blood vessel located in the neck) following adjustment or manipulation to the neck (cervical spine). Vertebral artery injuries have been known to cause stroke, sometimes with serious neurological impairment. The possibility of such injuries resulting from neck and spinal adjustment or manipulation is extremely rare.
- c. There have been rare reported cases of disc injuries following neck or low back spinal adjustment or manipulation. However, scientific study has not supported that such injuries are caused, or may be caused, by spinal adjustments or chiropractic treatment.

Chiropractic treatment, including spinal adjustment or manipulation, has been the subject of government reports and multi-disciplinary studies conducted over many years. These reports and studies have demonstrated that chiropractic treatment to be effective for spinal pains, headaches, and other similar symptoms. Chiropractic care may contribute to your overall well being. The risk of injuries or complication from chiropractic treatment is substantially lower than that associated with 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 my treatment in general and my treatment in particular (including spinal adjustment) as well as the contents of this Consent.

I consent to the treatments offered or recommended to me by my chiropractor including spinal adjustment. I intend this Consent to apply to my present and future chiropractic or physiotherapy care.

Dated this ____ day of _____, 20__.

Patient Signature _____ Name _____

Witness Signature _____ Name _____