

HENSLEY CHIROPRACTIC

Informed Consent Chiropractic Care

Chiropractic care is multi-faceted with many diagnostic and supportive procedures. Treatment generally involves a procedure referred to as a chiropractic "adjustment". When providing an adjustment, Chiropractors use their hands, special tables, or specialized instruments to move or reposition body structures, such as the bones of the spine, shoulder, hip, or extremities. Potential benefits of an adjustment include restoring normal joint function, reducing swelling and inflammation in a joint, reducing pain or muscle spasm, and improving neurological function, therefore improving overall well-being.

It is important that you are informed and understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. Likewise, as with other types of health care procedures, there are some risks to receiving chiropractic adjustments. These may include, but are not limited to: muscle soreness, spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or frostbite from electrical stimulation or hot or cold therapies, dislocations, strains or sprains, fractures (broken bones), disc injuries, strokes, and the exceedingly rare fatality.

With respect to strokes, there is a rare but serious condition known as an "arterial dissection". Typically, this is caused by a tear in the inner layer of an artery in the upper neck region that may cause the development of a thrombus (clot) with the potential to lead to a stroke. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis. The best available scientific evidence supports the understanding that chiropractic adjustments do not cause a dissection in a normal, healthy artery. Conditions such as pre-existing disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately, a percentage of these patients will experience a stroke. The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is important that you understand there are other treatment options available for your condition. Likely, you have tried many of these approaches already. These options may include, but are not limited to: ignoring it and doing nothing, self-administered care, over-the-counter pain relievers, rest, medical care with prescription drugs, physical therapy, bracing, injections, surgery, etc. Lastly, you have the right to secure other opinions about your condition, circumstances, and health care options available. Your care is voluntary and is your choice. We are here to help you make this important decision and changes when appropriate.

By signing below you will attest to the following: I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Name: _____ Signature: _____ Date: ___/___/___

Parent or Guardian: _____ Signature: _____ Date: ___/___/___

Witness Name: _____ Signature: _____ Date: ___/___/___