

## Informed Consent-Geise Chiropractic LLC

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

Date \_\_\_\_\_

**To the patient:** Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

**The nature of the spine manipulation:** The primary treatment we use as a Doctor of Chiropractic is spinal manipulative therapy. We will use that procedure to treat you. We may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible “pop” or “click”, much as you have experienced when you “crack” your knuckles. You may feel a sense of movement.

**Analysis/ Examination/ Treatment:** In *addition* to spinal manipulation, we may use a variety of other therapies and examination procedures. As a part of the analysis, examination, and treatment, you are consenting to the following procedures:

- Spinal manipulative therapy
- Vital signs
- Range of motion
- Muscle strength testing
- Ultrasound
- Radiographic studies
- Spinal decompression therapy
- Rehabilitation/Core strengthening
- Mechanical traction/flexion distraction
- Palpation
- Orthopedic testing
- Basic neurological exam
- Postural analysis testing
- Hot/cold therapy
- EMS (electrical muscle stimulation)
- Digital infrared foot scan
- Nutritional analysis/therapy
- Other

**The material risks inherent in spinal manipulation:** As with any healthcare procedure, there are certain complications which may arise during chiropractic (spinal) manipulation (CMT) and therapy. However, studies have shown that any observed association between vertebral artery dissection (VAD) and stroke with CMT is likely attributed to patients with an undiagnosed VAD who seek care for neck pain and headache before the onset of a stroke. As a result we examine our patients thoroughly before initiating any treatment to be sure that treatment is appropriate. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

**The probability of those risks occurring: Chiropractic is a safe and comfortable form of health care for most people. If a potential risk is identified, you will be informed and offered either treatment or a referral to the appropriate health care specialist for evaluation and care.**

**Soreness:** It is not uncommon to experience some localized soreness following a manipulation. This type of soreness is usually minor and occurs most often following the initial few visits. It is similar to the soreness you may experience after exercise.

**Fracture:** Fractures caused from spinal manipulation are extremely rare, so rare that an actual number of incidences per manipulation have never been determined. Patients suffering from bone weakening conditions like Osteoporosis are in a higher risk category. Alternative forms of spinal manipulation are utilized for this type of patient.

**TIA/ Stroke:** Overview: Spinal manipulation is clearly one of the safest forms of treatment for cervical spine pain. The incidence of serious adverse events, stroke, or death is very rare. **Researchers found no evidence of excess risk of VBA stroke associated chiropractic care compared to primary care.** The risk was as low as 1.46 adverse events per 10,000,000 manipulations. The risk of artery dissection was as low as 1 per 5,846,381 cervical manipulations.

**What about NSAIDs and Tylenol?:** To put it in perspective, non-steroidal anti-inflammatory drugs (NSAIDs) kill approximately 16,500 people per year annually in the US. And Tylenol toxicity is now the leading cause of liver failure in the US. Spinal manipulation is safer than NSAIDs by a factor of several hundred times.

## Informed Consent-Geise Chiropractic LLC

**Note:** Screening tests are performed when necessary to rule out high-risk patients. Alternative spinal adjusting is utilized when necessary to minimize any potential risks.

**Ruptured/ Herniated Disc:** There have been some reports of herniated or ruptured discs caused by spinal manipulation. Alternative spinal adjusting methods are often utilized to minimize the risk and help the patient recover from serious disc-related pain.

**DTS/ Therapy/ Decompression:** Decompression therapy is one of the safest forms of treatment for disc injury, or acute and/or chronic back pain. To date there has been very few case reports in the literature of patients whose discs ruptured during treatment.

**Other Complications:** include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns.

**The Availability & Nature of Other Treatment Options:** Other treatment options for your condition may include:

- Self-administered over-the-counter medication
- Medical car and prescription drugs such as anti-inflammatory
- Muscle relaxants or pain killers
- Hospitalizations
- Surgery

If you chose to use one of the above noted “other treatment” 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 or undertreated:** Remaining untreated may allow the formation of adhesions and reduce mobility which may set up 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. Early intervention to restore normal function and compliance with the treatment program are both essential in an effort to prevent the condition from progressing to a chronic pain state.

**DO NOT SIGN UNTIL YOU HAVE READ AND FULLY UNDERSTAND THE ABOVE.**

I have read [        ]  
Initial

OR

has been read to me [        ]  
Initial

The above explanation of the chiropractic adjustment and related treatment. I have discussed it with **Dr. Geise, Dr. Homan and/or staff** 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 to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

\*\*Citations are available upon request.

Patient Name (print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_