

INFORMED CONSENT TO CHIROPRACTIC TREATMENT

The nature of this chiropractic treatment: The primary treatment used by doctors of chiropractic is spinal manipulative therapy. The Doctor may use his hands or a mechanical instrument on your body in order to move your joints. That may cause an audible "click" or "pop", such as the noise when you "crack" your knuckles and you may feel movement of the joint.

As part of the analysis, examination and treatment, you are consenting to the following procedures: spinal manipulative therapy, palpation, vital signs, range of motion testing, orthopedic testing, basic neurological tests, muscle strength testing, postural analysis therapeutic ultrasound or electrical muscle stimulation.

Possible risks: As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures of bone, disc injuries, dislocations of joints, muscular strain, ligamentous sprain, skin irritations, burns, and injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to the arteries of the neck. Some patients will feel some stiffness and soreness after the first few days of treatment.

Probability of risks occurring: The risks of complications due to chiropractic treatment have been described as "rare". Cerebrovascular injury or stroke caused by chiropractic manipulation of the neck is extremely "rare".

Other treatment options which could be considered may include the following:

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

The risks and dangers of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult and less effective.

I have read the above explanation of the chiropractic manipulation and related treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Patient's Printed Name _____

Patient's Signature _____

Date _____

CONSENT TO TREAT A MINOR

I hereby authorize Dr. Michael D. Noll and whomever he may designate as an assistant to administer care as deemed necessary to treat my child _____

Signature of Parent/Guardian (if minor) _____

Date _____