

## Informed Consent of Chiropractic Treatment & Acupuncture

Chiropractors, medical doctors, and other medical providers are required to advise their patients of their condition specific diagnosis and the material risks associated with treatment of their specific condition.

### Regarding chiropractic care and spinal manipulations:

**Material risks:** Chiropractic care, while offering considerable benefits, may have some level of risk. This level of risk is minimal, yet in rare cases injury has been associated with chiropractic care. These complications include, but are not limited to, fracture, disc injuries, dislocations, muscle strain or sprain, cervical myelopathy, costovertebral strains, and separations and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications, including stroke. Some patients will feel some stiffness and soreness following the first days of treatment.

**Probability of those risks occurring:** Fractures are rare occurrences and generally result from some underlying weakness of the bone, which will be checked for during the medical history portion of your exam. Stroke has been the subject of tremendous disagreement. Research and scientific evidence do not establish a cause-and-effect relationship between chiropractic treatment and the occurrence of stroke. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as rare.

**Risks and dangers attendant to remaining untreated:** Remaining untreated may allow for 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.

### Regarding Acupuncture:

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na massage, Chinese herbal medicine, and nutritional counseling. I understand that herbs may need to be prepared and consumed according to instructions provided, both orally and written. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant affects associated with the consumptions of the herbs or any of the above listed treatments.

**Material risks:** I have been informed that acupuncture is generally a safe method of treatment, but that it may have some side effects. These side effects include bruising, numbness or tingling near the needling sites that may last a few days, dizziness, and fainting. If you have a clotting disorder, this contraindicates the use of acupuncture as a treatment. Burns and scarring are potential risks of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, to mitigate this risk the clinic uses sterile disposable needles and maintains a clean and safe environment.

**Probability of those risks occurring:** Serious side effects, such as pneumothorax, are rare and occur less than one per ten-thousand treatments. Minor bleeding or bruising occurs in about 3% of treatments but poses no risk to most patients. All other minor risks can be virtually eliminated with proper consideration of anatomy and strict adherence to clean needle techniques.

### General:

I understand that the clinical administrative staff may review my patient records and lab reports, but that all my records will be kept confidential and will not be released without my consent. While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during treatments which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that the results are not guaranteed.

**Please do not sign until you have read and understand the information above.**

I have read or have had read to me the above explanation of chiropractic adjustments and acupuncture treatment and have had my questions answered to my satisfaction. I understand and accept that there are risks associated with chiropractic and acupuncture and hereby give my consent to the examinations and treatments and other modalities that the doctor or treating practitioner deems necessary, as reported following my assessment.

PATIENT NAME PRINTED: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_