

**INFORMED CONSENT**  
**HOANG CHIROPRACTIC CENTER**

Dear Patient:

Every type of health care is associated with some risk of a potential problem. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is called informed consent.

Chiropractic adjustments are the moving bones with the doctor's hands or with the use of a machine. Frequently adjustments create a "pop" or "click" sound/sensation in the area being treated. In this office we use trained staff personnel to assist the doctor with portions of your consultation, examination, x-ray taking, physical therapy application, exercise instruction, spinal decompression therapy, etc.

**Strokes:** Strokes is the most serious problem that has been associated with chiropractic adjustments. Stroke means that a portion of in the brain does not receive enough oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. In extremely rare instances chiropractic adjustments have been associated with strokes that arise from the vertebral artery only; this is because the vertebral artery is actually found inside the neck vertebrae. The most recent studies (Journal of the CCA, vol.37, June, 1993) estimate that the incident of this type of stroke is 1 per 3,000,000 upper neck adjustments.

**Disc herniation:** Disc herniations that create pressure on the spinal nerve or on the spinal cord are frequently successfully treated by chiropractors and chiropractic adjustments, traction, spinal decompression therapy etc. This includes both neck and back. Yet, occasionally chiropractic treatment (adjustments, traction, spinal decompression therapy etc.) will aggravate the problem and rarely surgery may become necessary for correction. Rarely chiropractic adjustments may also cause worsening of a pre-existing disc problem if the disc is in a weakened condition. These problems occur so rarely that there are no available statistics to quantify their problem.

**Soft tissue injury:** Soft tissue primarily refer to muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely chiropractic adjustments, traction, massage therapy, spinal decompression therapy, etc., may tear some muscle or ligament fibers. The result is temporary increase in pain and necessary treatments of resolution, but there are no long term effects for the patient. These problems occur so rarely that there are no available statistics to quantify their probability.

**Rib fractures:** The ribs are found only in the thoracic spine or middle back. They extend from your back to your front chest area. Rarely a chiropractic adjustment will crack a rib bone, and this is referred to as a fracture. This occurs only on patients that have weakened bones from such things as osteoporosis. Osteoporosis can be noted on your x-rays. We adjust all patients very carefully, and especially those who have osteoporosis on their x-rays. These problems occur so rarely that there are no available statistics to quantify their probability.

**Physical therapy burns:** Some of the machines we use generate heat. We also us both heat and ice and recommend them for home care on occasion. Everyone's skin has different sensitivity to these modalities, and rarely either hear or ice can burn or irritate the skin. The results is a temporary increase in skin pain, and there may even be some blistering of the skin. These problems occur so rarely that there are no available statistics to quantify their probability.

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**Soreness:** It is common for chiropractic adjustments, traction, massage therapy, exercises, spinal decompression therapy etc., to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your doctor about it.

**Matrix:** The risks and possible complications of this treatment which include, but are not limited to, failure of the procedure to eliminate the pain headaches, muscle cramping, itching, skin burns, (possible blistering), at site of application, nausea, vomiting and in women, the possibility change in the menstrual cycle.

**Other problems:** There may be other problems or complications that might arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic is a system of health care delivery, and, therefore, as with any health care delivery system we cannot promise a cure for any symptom, disease, or condition as a result of treatment at this office. We will always give you our best care, and if results are not acceptable, we will refer you to another provider who we feel will assist your situation.

I voluntarily consent to the performance of chiropractic examination, manipulation and other chiropractic procedures, on myself (or on the patient named below, for whom I am legally responsible) by said Chiropractor (see below), his/her preceptor(s), and/or other licensed doctors of Chiropractic who now or in the future provide Chiropractic treatment for me. This consent includes other doctors of Chiropractic that are employed by, associated with, or serve as back-up for said Chiropractor, whether or not their names are listed on the form. I understand that the results from the Chiropractic treatment are not guaranteed for my condition. The doctor has discussed the goals and potential benefits of proposed treatment, other alternative types of treatment for my condition and associated risks by having Chiropractic examination and procedures. I have had the opportunity to read this form and understand the above statements, accept the risks mentioned, and hereby consent and agree to the recommended Chiropractic treatment over the entire course of treatment for my present condition and any further conditions for which I seek treatment. All of the questions concerning this care and treatment have been answered to my satisfaction.

X \_\_\_\_\_

**Signature of Patient or Responsible Party**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Indicate your name and relationship (parent/guardian/personal representative) if signing for patient (minor)**

**OFFICE WITNESS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HOANG CHIROPRACTIC CENTER**

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