



## Informed Consent to Chiropractic & Soft Tissue Treatment

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***Please read this consent form, discuss it with your clinician if you would like to then sign at the bottom.***

Clinicians who use spinal manual therapy techniques, such as the adjustment, manipulation or mobilization, are required to inform patients that there are or may be some risks associated with such treatment. In particular;

a) Although rare, some patients have experienced muscle strain, ligament sprain or rib fracture following spinal manual therapy.

b) There have been reported cases of injury to the vertebral artery (blood vessel located in the neck) following neck adjustment, manipulation or mobilization. Such vertebral artery injuries may, on rare occasion, cause stroke. This may result in serious neurological injury and/or physical impairment. This form of complication is an extremely rare event, occurring approximately one time in one million treatments.

c) There have been reported cases of disc injuries following spinal manual therapy, although no scientific study has ever been demonstrated that such injuries are caused, or may be caused, by adjustment or manipulative techniques and such cases are very rare.

Treatments provided to you, including spinal adjustment, manipulation and/or mobilization, have been the subject of much research conducted over many years and have been demonstrated to be appropriate and effective treatments for many common forms of spinal pain, pain in the arms/shoulders/legs, headaches and other similar symptoms. Chiropractic treatment provided to you may also contribute to your overall well-being. The risk of injury or complication from manual treatment is substantially lower than the risk associated with many medications, other treatments and procedures given as alternative treatments for the same forms of musculoskeletal pain and other associated syndromes.

Soft tissue treatments such as Active Release Techniques (ART®), trigger point therapy and scraping can be uncomfortable during the treatment in the area of complaint. Soft tissue treatment will normally decrease the painful complaint and tightness; however, a treatment may occasionally have no benefit or increase the pain or symptoms.

Your clinician will evaluate your individual case, provide an explanation of care and a suggested treatment plan, or refer you for consultation and/or further evaluation if deemed necessary.

**Acknowledgement:** I acknowledge I have discussed, or have been given the opportunity to discuss, with my clinician that nature of chiropractic treatment in general and my treatment in particular. I fully understand the contents of this consent. (Initial here \_\_\_\_\_ )

**Consent:** I consent to the chiropractic treatment(s) offered or recommended to me by my clinician, including adjustment, manipulation or mobilization to the joints of my spine (back and neck) and the rest of my body (pelvis, shoulder, upper limbs and lower limbs). I intend this consent to apply to my present and future treatments at this clinic.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Guardian Name: \_\_\_\_\_  
(if applicable)

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

Guardian Signature: \_\_\_\_\_  
(if applicable)

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_