

Informed Consent for Care

Doctors of Chiropractic, Medical Doctors, Doctors of Osteopathy, and Physical Therapists who perform manipulation are required by law to obtain your informed consent before beginning treatment.

I do hereby give my consent to the performance of conservative non-invasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/adjustments involving movement of the joints and soft tissues, in addition to active rehabilitation exercises. Although spinal manipulation is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures as follows:

- Soreness: I am aware that, like exercise, it is common to experience muscle soreness in the first few treatments.
- Dizziness: Temporary symptoms like dizziness and nausea can occur but are relatively rare. I realize this possible side effect and will note any such symptoms to my treating doctor.
- Fractures/Joint Injury: I further understand that in isolated cases underlying physical defects, deformities or pathologies like bone weakening from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disc, or other abnormality is detected, this office will proceed with extra caution.
- Stroke: Although strokes happen with some frequency in our world, strokes from spinal manipulation are exceedingly rare. I am aware that nerve or brain damage including stroke is reported to occur once in one million to once in ten million treatments and that the doctors of Designed 2 Move take extra precautions to appropriately rule out patients with potential risk.
- Bruising: It is understood that bruising, swelling, soreness, and/or pain for 72 hours post-treatment is not uncommon after use of instrumented assisted soft tissue techniques and manual soft tissue release techniques.

Exams have been/will be performed on me to minimize the risk of any complication from treatment and I freely assume these risks.

Treatment Results

I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. However, I appreciate that there is no certainty that I will achieve these benefits.

Due to the uniqueness of each disease and each individual, including his or her willingness and ability to implement the treatment plan, I acknowledge that no guarantee has been made to me regarding the outcome of these procedures. I agree to the performance of these procedures by my doctor and such other persons the doctor sees fit.

Alternative Treatment Options

Reasonable alternatives to these procedures have been explained to me including rest, home applications of therapy, prescription or over-the-counter medications, exercises and possible surgery.

- Medications/Supplements: Medication can be used to reduce pain or inflammation but I am aware that long-term use or overuse of medication is always a cause for concern. Drugs may mask pathology,

Initials_____

produce inadequate or short-term relief, produce undesirable side effects, create physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks.

- Rest/Exercise: It has been explained to me that simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice, heat, or other home therapy. Prolonged bed rest contributes to weakened bones and joint stiffness. Certain exercises may be helpful in the healing process but direction/consultation should be sought to avoid further injury.
- Surgery: Surgery may be necessary for joint stability or serious disc rupture. Surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery.
- Non-treatment: I understand the potential risks of refusing or neglecting care may include increased pain, scar/adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthy.

Important Treatment Information

The Doctors of Designed 2 Move Chiropractic & Sports Rehabilitation are not available on a 24 hour basis. If you have a serious health condition that requires immediate attention, you should dial 911, call your other available healthcare provider(s), and/or have someone transport you to the nearest emergency room. If you notice an adverse effect from one of the components of your health plan, you should discontinue it and call Designed 2 Move to inform the physician(s) of what has occurred.

If you are being treated by other healthcare providers (physicians, counselors, therapists, etc.) please inform your physicians at Designed 2 Move. Do not discontinue any medications without consulting with your prescribing physician.

To attest to my consent to these procedures, I hereby affix my signature on this form and give authorization for treatment. I have read or have had read to me and understand the above explanation of treatment to be received at Designed 2 Move Chiropractic & Sports Rehabilitation. Any questions I have had regarding these procedures have been answered to my satisfaction prior to my signing this consent form.

Patient Name: _____

Patient Signature: _____ Date: _____