

Blackstone Chiropractic

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INFORMED CONSENT TO CHIROPRACTIC ADJUSTMENTS AND CARE

The primary treatment used by doctors of chiropractic is the spinal manipulative therapy. I will use this procedure to treat you.

I will use my hands or a mechanical device on your body in such a way as to move your joints. This may cause an audible "pop" or "click," much as you have experienced when you "crack" your knuckles. You may feel or sense movement.

As with any health-care procedure, there are certain complications that may arise during a chiropractic adjustment. Those complications include: fractures, disc injuries, dislocations, muscle strains, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy, and costovertebral sprains. 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 few days of treatment.

Fractures are rare occurrences and generally result from some underlying weakness of bone, which we check for during the taking of your medical history, and during examination and X-ray. Stroke has been the subject of tremendous disagreement. One prominent authority, Scott Haldeman, D.C., M.D., has estimated that there is, at most, a one in one million chance of such an outcome. More recent research is showing that this may be coincidence as patients exhibiting pre-stroke symptoms seek out care. The other complications are also generally described as "rare."

Other treatment options for your condition include:

- Self-administered, over-the-counter analgesics and rest.
- Medical care with prescription drugs such as anti-inflammatories, muscle relaxants, and painkillers.
- Hospitalization with traction.
- Surgery.
- Remaining untreated (doing nothing).

Overuse of over-the-counter medications produces undesirable side effects. If complete rest is impractical, premature return to work and household chores may aggravate the condition and extend recovery time. The probability of such complications is dependent upon the patient's general health, severity of the patient's discomfort, and his/her pain tolerance and self-discipline in not abusing the medicine. Professional literature describes highly undesirable effects from long-term use of over-the-counter medicines.

Prescription muscle relaxants and painkillers can produce undesirable side effects, patient dependence, disability, and even death. The risk of such complications is dependent upon the patient's general health, severity of the patient's discomfort, his/her pain tolerance, self-discipline in not abusing the medicine, and proper professional supervision. Such medications generally entail very significant risks, some with rather high probabilities.

Hospitalization, in conjunction with other care, carries the additional risk of exposure to communicable disease, iatrogenic (Doctor induced) mishap, and expense. The probability of iatrogenic mishap is genuine; expense is certain; exposure to communicable disease is likely with adverse result from such exposure dependent upon known variables.

The risks inherent in surgery include adverse reaction to anesthesia, iatrogenic (Doctor caused) mishap, all those of hospitalization as well as an extended convalescent period. The probability of those risks occurring varies according to many factors.

Remaining untreated allows the formation of adhesions and reduces mobility, setting up a pain reaction which further reduces mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

I have read, and have had explained to me, the above consent. I have also had an opportunity to ask questions about its content, and I have had any questions answered to my satisfaction. By signing below I state that I have weighed the risks and benefits involved in undergoing treatment. I agree to the treatment recommended.

I intend this consent form to cover the entire course of treatment for my present condition(s) and for any further condition(s) for which I seek treatment.

Furthermore, if this consent is for my child:

Child's name: _____

I give consent for his or her treatment, having read and understood the above consent.

Printed name: _____

Signature: _____

Date: _____

Witness: _____