

Informed Consent to Chiropractic Treatment

Doctors of Chiropractic who use manual therapy techniques are required to advise patients that there are risks associated with such treatment. In particular you should note:

- 1) While rare; some patients may experience short term aggravation of symptoms including soreness, muscle tightness, and ligamentous pain.
- 2) There are reported cases of stroke associated with common neck movements including rotation manipulation of the upper cervical spine. This technique is NOT used by Dr. Campbell. Present medical and scientific evidence does not establish a definite cause and effect relationship between the cervical spine manipulation and the occurrence of stroke. There are reported rates of occurrence showing 1 in 1 million will experience stroke. However, you are being informed of the possibility regardless of the extreme remote chance.
- 3) There are reported cases of strain/sprain injuries of ligament and muscle as well. Again this is rare and the techniques employed by Dr. Campbell reduce that risk even more.

Chiropractic treatment, including manipulation, has been the subject of government reports and multi-disciplinary studies, and has been demonstrated to be a safe and effective care option for the treatment of back and neck pain as well as headaches. Other conditions involving radiating pain, numbness, muscle spasm, loss of mobility and other symptoms have also shown improvement.

I acknowledge I have had the opportunity to discuss the associated risks as well as the nature and purpose of treatment with my chiropractor.

I consent to the chiropractic treatments offered or recommended to me by my chiropractor or referring physician, including spinal manipulation. I intend this consent to apply to all my present and future chiropractic care.

Patient Signature

Patient Name *(please print)*

Witness Signature

DATE