

INFORMED CONSENT

I give my consent to the performance of conservative 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. Physical Therapy, Acupuncture, and Exercises may also be used.

Although spinal manipulation/adjustment 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.

Fractures/Joint Injury: Isolated cases underlying physical defects, deformities or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disk, or other abnormality is detected, this office will proceed with extra caution.

Stroke: Strokes from chiropractic adjustments are rare. Nerve or brain damage including stroke is reported to occur once in one million to once in ten million treatments. Once in a million is about the same chance as getting hit by lightning. Once in ten million is about the same chance as a normal dose of aspirin or Tylenol causing death.

Physical Therapy Burns: Some of the therapies used in this office generate heat and may rarely cause a burn. This should be reported to the doctor.

Acupuncture: Although bleeding is rare, in most instances, it is easily stopped with the use of light pressure. Infections are extremely rare and safety precautions will be taken to decrease this risk even further.

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

TREATMENT RESULTS

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

The practice of medicine, including chiropractic and acupuncture, is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

Erickson Chiropractic Health Center, PA
Dr. Kenyon L. Erickson, D.C., F.A.S.A

ALTERNATIVE TREATMENTS AVAILABLE

Reasonable alternatives to these procedures include rest, home applications of therapy, prescription or over-the-counter medications, exercises and possible surgery.

Medications: Medication can be used to reduce pain or inflammation. Long-term use of or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short-term relief, undesirable side effects, physical or psychologic dependence, and may have to be continued indefinitely. Some medications may involve serious risks.

Rest/Exercise: 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 bedrest contributes to weakened bones and joint stiffness. Exercises are of limited value but are not corrective of injured nerve and joint tissues.

Surgery: Surgery may be necessary for joint instability or serious disk rupture. Surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery.

Nontreatment: 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.

I have read or have had read to me the above explanation of Chiropractic treatment, Physical therapy, Acupuncture, and Exercises. Any questions I have had regarding these procedures have been answered to my satisfaction PRIOR TO MY SIGNING THIS CONSENT FORM. I have made my decision voluntarily and freely.

To attest to my consent to these procedures, I hereby affix my signature to this authorization for treatment.

Signature of Patient: _____ Date: _____

Signature of Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

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