



CONSENT TO CHIROPRACTIC CARE

Chiropractic care is a recognised safe and effective method of treatment for many conditions. By law, practitioners who adjust/manipulate the spine are required to warn patients of potential risks.

Chiropractic adjustments of the spine are internationally recognised as being far safer in dealing with neck and low back pain, than medication and many other alternatives. (Risk Assessment of Cervical Manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993)

In extremely rare circumstances, some treatments of the neck may damage a blood vessel and give rise to a stroke, or stroke-like symptoms (approximately 1 in 5,850,000) neck manipulations. (Haldeman et al Spine vol 24-8-1999)

Whilst this has never occurred in our practice, we are still required to give the warning. If any adjustments are required, appropriate tests will be performed beforehand, as has always been our practice.

A recent study has found no significant links between Chiropractic care and the risk of vertebrobasilar accident (VBA) stroke and that manipulation is an unlikely cause of VBA stroke. (Kosloff et al, CMT 23:2015)

Other very slight risks include strain/sprain injury to a ligament, muscle or disc in the neck (less than 1 in 139,000) or the low back (1 in 62,000). (Dvorak study, Principles and Practice of Chiropractic, Haldeman. 2nd Ed.)

Many adverse reactions are the result of an underlying health condition or predisposed by other factors, which is why it is important to inform the chiropractor of all of your health problems (e.g. a history of cancer or osteoporosis may predispose you to fractures which is an important factor in the chiropractors decision on the type of adjustment or treatment procedures).

If you know you are at risk or think that you may be predisposed to suffering any of these effects due to an underlying condition please describe below:

Please read the following carefully:

1. I understand that the chiropractor will endeavour to minimise the risk of such events/reactions.
2. I also acknowledge that I have the opportunity to ask questions about the nature, extent and purpose of care to be provided.
3. I acknowledge that I am aware of the potential risk and I appreciate that like all health care modalities, results are not always guaranteed.
4. I do not expect the practitioner to be able to anticipate all potential risks and complications associated with the proposed care.
5. I hereby acknowledge my consent to chiropractic care.

Patients Name (Printed): _____

Patients Signature: _____ **Date:** _____
(Parent or guardian to also sign if patient is under 18 years of age)