

# Informed Consent to Chiropractic and Physical Therapy Treatment

As with any healthcare procedure there are certain complications which may arise during chiropractic manipulation and physical therapy. Doctors of Chiropractic or Physical Therapist are required to advise patients that there are risks associated with such treatment. In particular you should note:

1. Some patients may experience some stiffness or soreness following the first few days of treatment.
2. Some types of manipulation have been associated with injuries to the arteries of the neck leading or contributing to serious complications including stroke. This occurrence is exceptionally rare and remote. However, you are being informed of the possibility regardless of the extreme remote chance.
3. I will make every effort to screen for any contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.
4. Other complications may include fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns.

The probabilities of these complications are rare and generally result from some underlying weakness of the bone or tissue which I check for during the history, examination, and x-ray (when warranted).

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

I consent to the chiropractic treatments and or Physical Therapy offered or recommended to me by my chiropractor or physical therapist, including spinal manipulation. I intend this consent to apply to all my present and future chiropractic care and physical therapy care.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date