

**David S. Graham, DC, PA**  
**INFORMED CONSENT TO CHIROPRACTIC TREATMENT**

Chiropractic, as well as other types of health care, is associated with potential risks in the delivery of treatment. This level of risk is most often very minimal, yet in rare cases injury has been associated with chiropractic care. Therefore, it is necessary to inform the patient of such risks prior to initiating care. While chiropractic treatment is remarkably safe, you need to be informed about the potential risks related to your care to allow you to be fully informed in consenting to treatment.

Our chiropractic office may use trained staff/personnel to assist with portions of your consultation, examination, physiotherapy application, exercise instructions, etc.

**Specific risk associated with chiropractic care:**

- **Stroke:** One rare condition that may lead to stroke is cervical artery dissection (CAD), a split in the artery due to injury or possibly genetics. Patients presenting to a chiropractor with headache and neck pain may be experiencing CAD. Because, in very rare instances, people have experienced a CAD-related stroke following cervical manipulation, it was thought that the manipulation caused the stroke. Recent research disputes this. A new study (Cassidy JD, et al. *Spine*, Feb. 15, 2008; Vol. 33, No. 4S, pp. S176-S183.) found no difference between chiropractic care and medical care and the risk of stroke. The research indicates that those that suffer a stroke following treatment have already had a CAD and are seeking treatment for the accompanying head or neck pain. The most recent studies (Triano JJ, et al. *Current Concepts in Spinal Manipulation and Cervical Arterial Incidents*. NCMIC Insurance Co., West Des Moines, IA, 2006) estimate that the incidence of stroke is 1 in every 400,000 to 1 in every 4 million upper cervical adjustments.
- **Soreness:** Chiropractic adjustments and physical therapy procedures are sometimes accompanied by post treatment soreness. This is a normal and acceptable accompanying response to chiropractic care. While it is not generally dangerous, please advise Dr. Graham if you experience soreness or discomfort, particularly if it last longer than 24 hours following a treatment.
- **Soft Tissue Injury:** Occasionally chiropractic treatment may aggravate a disc injury or cause other minor joint, ligament, tendon or soft tissue injury.
- **Rib/bone Injury:** Manual adjustments to the thoracic spine, in rare cases, may cause rib or other bone injury or fracture. Treatment is performed carefully to minimize such risk. When necessary, manual adjustments are avoided altogether and lighter force instrument adjustment techniques are used instead.

**Other Treatment Options Which Could Be Considered May Include the Following:**

- **Over-the-counter analgesics:** The risks of these medications include irritation to the stomach, liver and kidneys. Other topical side effects have been reported in a significant number of cases.
- **Medical care:** Typically this includes anti-inflammatory drugs, muscle relaxants, and analgesics. "Nonsteroidal anti-inflammatory drugs constitute the 15<sup>th</sup> most common cause of death in the US" (Wolfe, MM, MD, *New England J Med*, 1999; 340(24): 1888-99) Death is due to the toxic effects of NSAIDS on the GI system.
- **Hospitalization:** In conjunction with medical care adds the risks of exposure to virulent communicable disease in a significant number of cases.
- **Surgery:** In conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in significant number of cases.

Chiropractic is a system of health care delivery, and therefore, as with any health care delivery system, we cannot promise a cure for any symptom, condition, or disease as a result of treatment in this office. We strive to provide the very best care and if the results are not acceptable, we will refer you to the appropriate health care professional who can best assist your situation. If you have any questions concerning the above, please share these with Dr. Graham. When you have full understanding and consent to have care provided, please print your name and sign and date below.

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Patient Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Parent of Guardian Signature for Minor