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Informed Consent to Chiropractic Treatment

The State of Wisconsin requires that every patient be informed of the risks of treatment and the alternatives to treatment prior to the beginning of treatment. The following is LSM Chiropractic Clinics informed consent. We intend this consent form to cover the entire course of treatment for your present condition and for any future conditions for which you seek treatment at this or any other LSM Clinic.

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device in order to manipulate your joints. You may hear a “click” or “pop”, similar to when a knuckle is “cracked,” and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound or traction, as well as exercise instruction may also be used.

Possible risks and probability: There are inherent risks in any and all treatment delivered by any health care provider, ranging from taking a single aspirin to complicated brain surgery. Chiropractic is no exception. Although we take every precaution, there are indeed some slight risks to chiropractic manipulation. The risk is very minor to almost nonexistent in any treatment of extremities. The risks involved in treatment to the spine excluding the neck are several. A list from the least to most serious would include muscular strain (rare), ligamentous sprain (rare), fractures (rare), and injury to inter-vertebral discs, nerves or spinal cord (very rare). The risk involved in the treatment of the neck would include any on the preceding list but also include the remote possibility of cerebrovascular injury, or stroke (very, very rare: chances are one in one million to one in ten million). A minority of patients may notice stiffness or soreness after the first few days of treatment (common). The ancillary physical therapy procedures could produce skin irritation, burns, or other minor complications (rare).

Other treatment options that could be considered may include the following:

Over-the-counter analgesics. The risks of these medications include irritation to stomach, liver, and kidneys, and other side effects in a significant number of cases.

Medical care, typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include numerous undesirable effects, usually more serious than those listed above, and patient dependence in a significant number of cases.

Surgery in conjunction with medical care adds the risks of adverse reaction to anesthesia (which includes death), as well as an extended convalescent period in a significant number of cases.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition, and make future rehabilitation more difficult.

Concerns or questions: Please ask your Doctor of Chiropractic. We at LSM Chiropractic have gone to great lengths to make your health and safety our top priority. We will be glad to explain any concern about treatment you might have. Suffice to say we will only recommend treatment for you that we would feel comfortable having performed on ourselves.

I have read the above explanation of chiropractic treatment. I also had the opportunity to ask questions and have them answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Printed Name of Patient

Patient Signature
(Parent Signature if Patient is a Minor)

Date