

# Trenton Chiropractic & Rehab

## Informed Consent

**Patient Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_

### SPINAL MANIPULATION RISKS AND COMPLICATIONS

**Spinal Manipulation has been proven to be a very safe procedure; in fact it is the safest of the three major forms of health care. Studies have indicated that your risk of suffering a serious complication following a manipulation is remote. This paper will discuss the most common possible risks associated with manipulation. The bottom line: Chiropractic is a safe and comfortable form of health care for most people. If a potential risk is identified, you will be informed and offered either treatment or a referral to the appropriate health care specialist for evaluation and care.**

**Soreness:** It is not uncommon to experience some localized soreness following a manipulation. This type of soreness is usually minor and occurs most often following the initial few visits. It is similar to the soreness you may experience after exercise.

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**Fracture:** Fractures caused from spinal manipulation are extremely rare, so rare that an actual number of incidences per manipulation has never been determined. Patients suffering from bone weakening conditions like Osteoporosis are in a higher risk category. Alternative forms of spinal manipulation is utilized for this type of patient.

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**TIA/Stroke:** According to the literature, possible neurological complications can arise in 1 per 1-8 million office visits or 1 per 2-5.85 million adjustments. Screening tests are performed when necessary to rule out high-risk patients. Alternative spinal adjusting is utilized when necessary to minimize any potential risks.

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**Ruptured/Herniated Disc:** There have been some reports of herniated or ruptured discs caused by spinal manipulation. Alternative spinal adjusting methods are often utilized to minimize the risk and help the patient recover from serious disc-related pain.

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**Other:** \_\_\_\_\_

**I have read this form and am fully aware of the potential risks associated with spinal manipulation and agree to undergo Chiropractic care.**

**Patient Name (please print):** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_