

Back in Motion Chiropractic
Kenneth C. Morris, D.C., DACBSP
Andrea Fjeldahl, D.C.
10515 Bells Ferry Rd, Ste 100
Canton, GA 30114
770-704-0114

Informed Consent to Chiropractic Treatment

The Nature of Chiropractic Treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a "click" or "pop", such as the noise 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, mechanical traction, therapeutic ultrasound, therapeutic exercises or hydrotherapy may also be used.

Possible Risks: As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures, fractures to the rib cage, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck. Some patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns, falls or other minor complications.

Other Treatment Options Which May be Considered may include the following:

- *Medical care*
- *Orthopedic care*
- *Physical therapy*

The risks and types of other treatment options will need to be discussed and reviewed with the healthcare provider providing those treatments.

Risks of Remaining Untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, decrease function in the nervous system and induce chronic pain cycles. It is quite probable that delay of treatment may complicate the condition and make future rehabilitation more difficult.

Unusual Risks: I have had the following unusual risks of my case explained to me.

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

Patient's Printed Name

Patient's Signature

Date

Witness' Printed Name

Witness' Signature

Date

