

Infinite Chiropractic

802 W Main St

Centralia WA, 98531

Informed Consent to Chiropractic Care

In accordance with Washington State law, this notice is to inform you, as a patient, of the material risks of undergoing chiropractic care. Material risk means that there are known inherent risks of severe bodily injury from a particular treatment.

Chiropractic has the lowest incidence of any reported side effects of any other healthcare profession. This is evidenced by our extremely low malpractice rates. The procedures that will be performed in the course of your care will consist of gentle chiropractic manual adjustments. You may receive low-level laser therapy and flexion distraction for low back and disc pain as well.

In the history of chiropractic, there has been an extremely rare rate of occurrence for muscle spasms, tightness, rib fracture, and disc injuries. There has also been medical reports of a possible connection to stroke, although unconfirmed in the literature. In fact, there is an extremely rare rate of this happening from chiropractic treatment. The largest study done in 2001 by the Canadian Medical Association Journal found a 1 in 5.85 million chance of risk that cervical manipulation performed by either an MD, PT, or DC would be followed by a stroke. The author, David Cassidy, professor of epidemiology at the University of Toronto, said patients had already damaged the artery before seeking help from either a medical doctor or a chiropractor when a stroke had occurred after the visit.

You may experience some mild symptoms during the healing phase of your care. Please understand that these mild symptoms are normal and indicate healing as your health returns to normal. Finally, there are risks of not getting prescribed chiropractic care. These were one of the components of risks from the Association of Chiropractic College guidelines on informed consent from 2008. It includes disc degeneration, loss of mobility, loss of tone, and decreased quality-of-life in the untreated spine.

I acknowledge that I have read the above and my signature applies to any and all future and past treatments in this office.

Signature : _____

Print name: _____ Date: _____