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## **Chiropractic Therapy and Acupuncture Informed Consent**

### ***Informed Consent***

Informed consent for your chiropractic care is a process and dialogue with your chiropractic physician about the goals, risks, and alternative treatment options to allow you to participating in and make knowledgeable decisions about your health. It is important that you, the patient, read this document in its entirety. As a patient, it is essential that you participate knowledgeably in decisions regarding the nature and course of your chiropractic treatment. It is essential that you ask questions concerning the nature and course of your treatment with your chiropractic physician and understand the potential risks, proposed benefits, and alternatives to your proposed chiropractic treatment plan. **DO NOT SIGN** this document until you have read this document in its entirety and have had the opportunity to ask questions about your care and fully understand the care to be rendered.

### ***Chiropractic Treatment***

The practice of chiropractic medicine includes many standard examination and testing procedures. These may include a physical examination, orthopedic and neurological testing, palpation, specialized instruments, laboratory tests, radiology examinations, physical therapy modalities, taping procedures, orthotics fitting, and rehabilitative procedures among others.

A primary therapy utilized in chiropractic treatment is spinal manipulative therapy or adjustments. There are a number of different adjusting techniques, some utilizing specially designed equipment or instruments. Adjustments are usually performed by hand, but may be performed by hand-guided instruments. A chiropractic adjustment is the application of a quick precise movement to a specific contact point of a vertebrae or other joint. Joint function can be compromised in a number of ways and can affect a patient's overall health. Chiropractic manipulations or adjustments are utilized by chiropractors to improve over joint function, inhibit the formation of joint adhesions, and reduce joint/muscle pain, tonicity, and and/or inflammation. A chiropractic manipulation or adjustment may cause an audible "pop" or "click", similar to what you may have experienced if you have "cracked" your knuckles. You may also feel a sense of movement at the area adjusted.

### ***Probability and Nature of Risks Inherent in Chiropractic Adjustment or Treatment***

As with any health care procedure, there are certain complications that may arise during chiropractic manipulation and therapy. The relationship of complications from manipulation has been the subject of tremendous disagreement. Some literature has suggested that rarely you may incur fractures, disc injuries, dislocations and burns. Occasionally after manipulation and therapy, you may feel muscle strain, muscle bruising with instrument assisted manipulations (osseous and soft tissue) cervical spinal cord compression known as myelopathy, separations, or new, increased or radicular tingling, numbness or pain. Some patient's will feel some soreness or stiffness after the first several days of treatment.

Some manipulations of the neck have been associated with exceedingly rare injuries to arteries in the neck or stroke, paralysis, or neurologic dysfunction. The incidence of stroke is exceedingly rare and estimated to be between one in 5.85 million cervical manipulations<sup>1</sup>.

**I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with chiropractic manipulation.**

### **Acupuncture Treatment**

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist(s) who now or in the future treat me.

I understand that methods of treatment may include, but are not limited to, acupuncture, Chinese herbal medicine/botanical supplementation, cupping and nutritional counseling. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including redness, soreness, warmth, bruising, numbness or tingling near the needling sites that may last a few days, and possible dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax - 2 cases per 2.2 million treatments<sup>2</sup>). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment, which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent. By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

**I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with acupuncture therapy.**

***Instrument Assisted Soft Tissue Mobilization (IASTM)***

IASTM is a form of treatment used to “break up” or “soften” scar tissue and tissue adhesions, thus allowing for the improvement of function in the area being treated. The use of stainless steel myofascial releasing instruments of different sizes and contours may be employed to help reduce tissue adhesions and enhance range of motion

IASTM is designed to minimize discomfort; however the above reactions are normal, and in some instances desirable and unavoidable. Redness, bruising, swelling, soreness, and/or pain 72 hours post-treatment is not uncommon with the use of this technique. **I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with IASTM treatment.**

***Availability and Nature of Other Treatment Options***

Other treatment options for your condition may include:

- Self-administered, over the counter analgesics and rest
- Medical care and prescription drugs such as an anti-inflammatory, muscle relaxants, pain killers, and others
- Hospitalization
- Surgery

If you choose any of the above noted other treatments, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary care physician.

***Risks and Dangers of Remaining Untreated***

Remaining untreated may result in persistent or increased pain or other symptomatology, increased loss of function, formation of adhesions contributing to a pain reaction further reducing mobility, or worsening of your condition. Over time, if you choose to remain untreated, this may complicate future treatments, and make future treatment more difficult and less effective the longer the treatment is postponed.

**References:**

1. Haldeman S, Carey P, Townsend M, Papadopoulos C. Arterial dissections following cervical manipulation: the chiropractic experience. CMAJ 2001; 165(7):905-6.
2. Stenger M, Bauer NE, Licht PB. Is pneumothorax after acupuncture so uncommon? Journal of Thoracic Disease. 2013;5(4):E144-E146. doi:10.3978/j.issn.2072-1439.2013.08.18.



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**ACKNOWLEDGEMENT OF INFORMED CONSENT**

***DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE INFORMATION EXPLAINED IN THE INFORMED CONSENT.***

I have read or have had read to me [  **YES**  **NO** ] the above explanation of the chiropractic manipulation, acupuncture therapy, IASTM and related treatments. I have discussed the goals, risks, and alternative treatment options with Dr. Koser. I have had all of my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and hereby consent to any or all of the aforementioned chiropractic treatments referred to in this consent.

**Dated:** \_\_\_\_\_

**Patient's Printed Name:** \_\_\_\_\_

**Patient's Signature:** \_\_\_\_\_

**Signature of Parent or Guardian (if the patient is a minor):** \_\_\_\_\_