

Whole Health Wellness Center

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# Dr. Mark Stagg Informed Consent for Treatment Chiropractic Physician/ Certified Acupuncturist/ Certified Chiropractic Sports Physician

### **Chiropractic**

It is important to acknowledge the difference between the health care specialties of chiropractic, osteopathy, and medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative ability. The success of the chiropractic doctor's procedures often depends on environment, underlying causes, physical and spinal conditions. It is important to understand what to expect from chiropractic health services.

### <u>Analysis</u>

As part of the analysis, examination, and treatment, you are consenting to the following procedures:

- *"chiropractic adjustment" palpation*
- electric muscle stimulation
  range of motion testing

*— radiographic studies* 

*— ultrasound* 

- orthopedic testing
  postural analysis
- *muscle strength testing*
- *postural analysis — hot/cold therapy*
- exercise

- wing proceaures: — vital signs
- *basic neurological testing*
- *acupuncture*
- *traction* 
  - stretching

# Patient should initial each procedure they are consenting to. Otherwise, we will assume you are open to all treatments

### The Nature of the Chiropractic Adjustment

The primary treatment I use as a doctor of chiropractic is manipulative therapy, commonly known as a chiropractic "adjustment". I may use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to improve joint motion. That may cause an audible "pop" or "click", much as you have experienced when you "crack" your knuckles. You may feel a sense of movement.

## <u>Diagnosis</u>

Although doctors of chiropractic are experts in chiropractic diagnosis, they are not internal medicine specialists. Every chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has concerns as to the nature of his/her total condition. Your doctor of chiropractic may express an opinion as to whether you should take this step, but you are responsible for the final decision.

## **The Material Risks Inherent to Treatment**

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation, acupuncture, and therapy. These complications include but are not limited to: muscle strain, "pinched nerves", and burns. In regards to **acupuncture**, risks include but are not limited to some bruising of the skin, slight bleeding, risk of burn and/or scarring. The risk of infection is small when all needles are sterile, such as the ones we use. Some patients will feel some stiffness and soreness following the first few days of treatment. I will make every reasonable *effort* during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me. **The probability of these risks occurring is very low.** 

# **Informed Consent for Care**

A patient, in coming to a doctor of chiropractic, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical deficits, deformities, or pathologies may render the patient susceptible to injury. The doctor, of course, will not give a chiropractic adjustment, or treatment, if he/she is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make itknown or to learn through health care procedures whatever he/she is suffering from;

attention of a doctor of chiropractic. The patient should look to the correct specialist for the proper diagnosis and clinical procedures. A doctor of chiropractic provides a specialized, non-duplicating health service. A doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

### **Results**

It is difficult to predict the time schedule or efficacy of chiropractic, acupuncture and additional procedures. Sometimes, the response is phenomenal. In most cases, there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. The fact is that the science of chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have made great strides in alleviating pain and controlling disease.

#### The 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 anti-inflammatory, muscle relaxants, and pain killers Hospitalization Surgery
- Physical Therapy

If you choose to use one of the above noted "other treatment" options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

#### The Risks and Dangers Attendant to Remaining Untreated

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time, this process may complicate treatment making it more difficult and less effective, the longer it is postponed.

#### DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE. PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW-

I have read [ ] or have had read to me [ ] the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Mark Stagg and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

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

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

Patient's name

Doctor's name

Patient's Signature

Doctor's Signature

Signature of Parent or Guardian (if a minor)