

INFORMATION ABOUT CHIROPRACTIC INFORMED CONSENT

CALIFORNIA'S LAW OF NOTICE OF INFORMED CONSENT

(a) A licensed doctor of chiropractic shall verbally and in writing inform each patient of the material risks of proposed care. "Material" shall be defined as a procedure inherently involving known risk of serious bodily harm. The chiropractor shall obtain the patient's written informed consent prior to initiating clinical care. The signed written consent shall become part of the patient's record.

(b) A violation of this section constitutes unprofessional conduct and may subject the licensee to disciplinary action.

Manipulations/Adjustments are only considered safe and effective when performed by an experienced chiropractor. Chiropractic is the only profession specifically trained, and by nature of the profession, experienced at diagnosing and reducing subluxations by manipulation/adjustment. The possibility of "material" risks increases if manipulations/adjustments are performed by someone other than a chiropractor.

Jack R. Giangulio, D.C. believes that patients should be informed about all aspects of their healthcare so below is information about Subluxations, manipulation/adjustments, and the pertinent possible side-effects and "material" risks that have been associated, in some manner, to manipulation/adjustment as well as to other procedures that may be utilized in this office. Also listed is information about alternative treatments to chiropractic care; however, note that alternative treatments may also have inherent "material" risks. It also must be stated that the below information is not inclusive of all possible side-effects and risk factors associated with treatments as each patient is uniquely different with possible unknown underlying conditions and may respond differently to any healthcare treatment.

Chiropractic Subluxations:

Subluxations are joints with aberrant motion that may lead to local pain and inflammation, radiating and/or referring pain, tender points and muscles spasms as well as other neuropathophysiological symptoms that may effect seemingly unrelated areas of the body.

Chiropractic Manipulation/Adjustments:

The act of manipulation/adjustment involves the chiropractor utilizing his/her hands to produce a high speed, but low force impulse that corrects the aberrant motion, therefore reducing the Subluxation and its associated symptoms. Even though chiropractic manipulation/adjustment is the safest and most effective form of manipulation/adjustment, chiropractors are still required to inform the patient of the "material" risks associated to manipulation/adjustment.

Manipulation/Adjustment

Possible Side-effects (Soreness, Headache, Dizziness, Nausea):

The majority of patients do not experience any side-effects with manipulations/adjustments. These side effects may or may not occur; it depends on the reaction of the specific patient's body. Sometimes mild muscle tightness that leads to soreness occurs in response to the significant positive changes that manipulation/adjustment may cause. This is similar to the body's reaction to a new workout. The infrequent side-effects of headache, dizziness or nausea may occur after manipulation/adjustment of the neck or upper back due to over tightening of the muscles of these regions. These infrequent symptoms are short in duration and will resolve on their own. As the patients' body becomes accustomed to manipulation/adjustment these side-effects and symptoms will no longer occur.

Note: these same side-effects may also occur with physical examination and/or other treatments provided in this office such as electrotherapy, ultrasound, joint mobilization/traction, flexion distraction, massage, stretching and exercise.

Possible Risk Factors (Fractures, Dislocation, or Joint Injury):

In isolated cases underlying physical defects, deformities or pathologies that cause bone weakness or joint structure weakness (example, osteoporosis) may render the patient susceptible to injury. When such underlying problems are known or detected by the doctor, extra caution or alternative therapies may be utilized to avoid these risk factors.

Note: these same risk factors may also occur with physical examination and/or other treatments provided in this office such as electrotherapy, ultrasound, joint mobilization/traction, flexion distraction, massage, stretching and exercise.

Possible Risk Factor (Disc Injuries):

Disc injuries such as protrusions, herniation and other disc syndromes are not an absolute contra-indication to manipulation. In fact, manipulation/adjustment (especially high velocity, low amplitude side-posture adjustments) has been scientifically found to be extremely safe, highly effective and a most efficient form of treatment. It is now recommended that a course of spinal manipulations/adjustments is to be performed before a disc injury patient is referred for surgical consultation [(Cassidy J et al 1993), (Oliphant D. 2004), (Daffner SD et al 2010), (Murphy DR et al 2006), (Brouillette DL 1994), (Beneliyahu DJ 1994, 1996)].

With this being said, there is still a possible risk of manipulation/adjustment aggravating or worsening a disc condition during a course of treatments. This may happen at any time, just as a sneeze or bending over may cause a disc injury to worsen at anytime. For example, the risk of manipulation/adjustment clinically worsening a lumbar disk herniation or Cauda Equina Syndrome in patients that have lumbar disc herniations is 1 in 3.7 million (Oliphant D, 2004).

Note: these same risk factors may also occur with physical examination and/or other treatments provided in this office such as electrotherapy, ultrasound, joint mobilization/traction, flexion distraction, massage, stretching and exercise.

Possible Risk factor (Stroke/Vertebral Artery Dissection (VAD)):

Although strokes/VADs happen with some frequency in our world, strokes/VADs associated with manipulations/adjustments are extremely rare and even rarer when performed by a chiropractor. The most rigorous scientifically derived estimate of strokes associated with chiropractic manipulation/adjustment is 1 in 5.85 million cervical spine adjustments (Carey et al, 2001).

Strokes/VADs have not been linked to the procedures and/or mechanisms of manipulation/adjustment; rather, they have been linked to underlying pathologies and disorders that weaken the walls of the blood vessels, leaving the patient susceptible to stroke/VAD. Under these conditions of vessel fragility any trivial movements, such as, looking down at a magazine, flipping your hair, yawning or looking at an aircraft flying overhead may cause strokes/VADs. Strokes/VADs are spontaneous in nature so they may occur at any time; immediately before, immediately after or even in coincidence with a manipulation/adjustment.

Note: this same risk factor may also occur with physical examination and/or other treatments provided in this office such as electrotherapy, ultrasound, joint mobilization/traction, flexion distraction, massage, stretching and exercise.

Physical Modalities**Possible Risk Factor (Burns):**

In this office, modalities such as electrotherapy, ultrasound, heat and/or ice may be utilized during your care. All of these therapies have the associated risk of causing burns as some patients are more sensitive or have underlying pathologies that make them more sensitive to these modalities. If you should feel a burning sensation at any point during these types of treatments, immediately call out for the doctor or staff so we may prevent the onset of a burn. Despite all precautions, if a burn is obtained, there will be a temporary increase of pain. If the burn is severe there is a possibility of blistering that may or may not lead to a permanent scar. Please report all burns to this office before the next treatment.

Alternative Treatments & Right of Second Opinion

The goal of Chiropractic Healthcare is to reduce Subluxations by manipulation/adjustment to induce normal joint function thereby removing the associated neuropathophysiological process that may effect the body as a whole. Chiropractors are not only concerned with treating the patient's known injuries, but also with promoting overall good health to prevent future injuries and disorders. This is the primary goal of all treatments and the reason why patients seek chiropractic care. In conjunction with or as an alternative to manual manipulation/adjustment, chiropractors may utilize mechanical manipulation/adjustment, joint mobilization/traction, flexion distraction, and massage, as well as, light therapies, electrotherapy, ultrasound, heat, ice, stretching, exercises and lifestyle counseling, including advisement on diet and nutrients. The patient always maintains the right to refuse treatment or any portion of the treatment plan, for any reason. The patient also has the right to obtain second opinions, to seek alternative treatments by other practitioners, or to do nothing about their conditions. Some of the alternative treatments to chiropractic care are rest/no treatment, medical and/or surgical intervention, physical therapy, massage and acupuncture. As with chiropractic, these alternative treatments cannot guarantee cure of injuries or conditions and also have inherent "material" risks, many of which are never reported to the patients.

CHIROPRACTIC INFORMED CONSENT TO TREAT

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ACKNOWLEDGMENT OF INFORMED CONSENT

I have read or have had read to me all of the information on this form and I have had an opportunity to discuss with Jack R. Giangliulo, D.C. and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and procedures, the possible side-effects and "material" risks of care, and my rights to deny care (or any portion thereof) and to seek out alternative care and second opinions.

I understand and am informed that no doctor may guaranteed results and at no time has Jack R. Giangliulo, D.C or any other person(s) made promises of cure or guaranteed results of care. I further understand and am informed that in the practice of chiropractic there are some "material" risks to treatment, including, but not limited to, fractures, disc injuries, strokes, dislocations, sprains/strains and burns. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels is prudent at the time, based upon the known facts and my best interests.

I hereby request and consent to the performance of chiropractic manipulation/adjustments and other chiropractic procedures that are within the scope of chiropractic practice, including but not limited to, various modes of manual care and physical modalities, diagnostic x-rays, and any other supportive therapies or advisements of care, to be made on me (or on the patient named below, for whom I am legally responsible) by Jack R. Giangliulo, D.C. (Chiropractor) in any facility or office that Jack R. Giangliulo, D.C. may be affiliated with, and/or other licensed doctors of chiropractic and/or support staff who now or in the future treat me while employed by, working or associated with, or serving as back-up for Jack R. Giangliulo, D.C., including those working in any clinic or office that Jack R. Giangliulo, D.C may be affiliated with, whether signatories to this form or not.

I further understand that there are treatment options available for my condition other than chiropractic procedures. These treatment options include, but not limited to, self-administered over-the-counter analgesics and rest; medical care with prescription drugs such as anti-inflammatory drugs, muscle relaxants and painkillers; physical therapy; steroid injections; bracing; and surgery. I understand and have been informed that I have the right to a second opinion and to secure other opinions if I have concerns as to the nature of my symptoms and treatment options.

I have fully read and/or have had read to me the above consent. I state that Jack R. Giangliulo, D.C. has personally verbally reviewed the above consent and has allowed me the opportunity to ask questions in regard to the information provided therein and any other concerns I may have had. I further agree that all questions have been answered to my full satisfaction.

By signing below, I state that I am of at least 18 years of age or older and that I agree to the above-named procedures and to all of the contents of this "Chiropractic Informed Consent To Treat" form. 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.

PATIENT NAME: **SAMPLE FORM**
PATIENT SIGNATURE: _____ DATE: _____
(Or Patient Guardian/Parent/Representative)

PRINT NAME: **DO NOT SIGN**
RELATIONSHIP: _____
(Provide relationship if signing for patient)

I, the Doctor of Chiropractic, as evident by my below signature, have personally reviewed this form with the listed patient or patient's guardian before the patient or patient's guardian executed this agreement with his or her signature.

DOCTOR SIGNATURE: _____ DATE: _____
(Jack R. Giangliulo, D.C.)

FOR VIEWING ONLY