

Chiropractic Examination & Care

Informed Consent

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I, _____, hereby authorize Pflug Family Chiropractic, Inc. and its licensed doctors and assistants, based on my complaints and the history I have provided, to undertake an examination and provide an evaluation and treatment plan which may include chiropractic adjustments and other tests and procedures considered therapeutically appropriate. I understand that Illinois law entitles me to receive information concerning my condition and proposed treatment, and to refuse any treatment to the extent permitted by law. With that knowledge and with my consent, I wish to rely on the practice doctors to make those decisions about my care, based on the facts then known, that they believe are in my best interest.

The Adjustment

A manual procedure, performed only by a Chiropractor, that involves a direct thrust to control movement of a joint past its physiological range of motion. Without exceeding the anatomical limit, the joint in question is adjusted into the para physiological zone, which usually results in cavitation or gapping of the joint. This usually produces an audible “pop” or “click” as a result of a vacuum phenomenon inside the joint, which is thought to involve gas separating from fluid.

Expected benefits of the adjustment are listed below, but not limited to:

- Re-introduce quality movement within the motion segment or joint
- Restore function to the neuromuscular mechanism
- Reduce signs of inflammation
- Reduce muscle tension
- Reduce pain

Risks

Chiropractic Care is conservative (non-invasive) and has very little risk associated with it. The most common complaints, if any, after being adjusted is mild soreness. Serious complications associated with chiropractic adjustments are extremely rare, but may include:

- Ligament Sprain or Muscular Strain
- Disc Herniation or worsening of pre-existing herniation
- Fracture of Vertebrae (Osteoporosis)
- Stroke (Vertebral artery dissection) *see pages 3-4*

Medical Alternatives

- Physical Therapy, Pain Management (Steroid Injection series), and Surgical Intervention.

Please check all boxes below when satisfied

- The nature and purpose of the **chiropractic examination and evaluation** has been explained and described to my satisfaction.
- Chiropractic adjustments** and the other procedures that may be recommended during the course of my care have been explained and described to my satisfaction.
- Based on current findings, Practice doctors have discussed my diagnosis and treatment plan, the **benefits and expected improvement** with the proposed treatment and the reasonable alternatives to the proposed treatment.
- The **cost of my proposed care** has been explained and/or I have been provided with a current fee schedule. As well as, to the extent practical, costs of reasonable alternatives to the proposed treatment.
- To aid the understanding of my condition and the reasons for the proposed course of care, pamphlets, other literature, and/or online **resources have been provided** to me and Practice doctors have **answered my questions regarding the planned treatments** and course of care that I will receive.
- Practice doctors have explained that my **diagnosis and treatments may change** during the course of care and that they will advise me of material changes in my diagnosis and treatment options and answer any additional questions that I may have at any time.
- I have been advised that although the incidence of **complications associated with chiropractic** services is very low, anyone undergoing adjusting or manipulative procedures should know of rare possible hazards and complications which may be encountered or result during the course of care. *These include, but are not limited to, fractures, disk injuries, strokes, sprains, and those that relate to physical aberrations unknown or reasonably undetectable by the doctor.*
- I understand that it is not reasonable to expect the doctor to be able to **anticipate or explain all risks** and complications and that an undesirable result does not necessarily indicate an error in judgment or treatment.

*I have read this Consent (or have had it read to me) and have also had an opportunity to ask questions about the Consent and understand to my satisfaction the care and treatment I may receive. **My signature below acknowledges my consent to the examination, evaluation and proposed course of care and treatments by the Practice. I have signed this form AFTER reviewing my treatment plan with the Practice.***

Signature: _____

Date: _____

Provider's Signature: _____

Does Neck Manipulation Cause Stroke?

Media outlets have highlighted a published estimate that 1 in 5.7 million chiropractic patients suffers a stroke in the days following treatment; and some individuals question if neck manipulation could be the cause.

Research *Answers* the Question

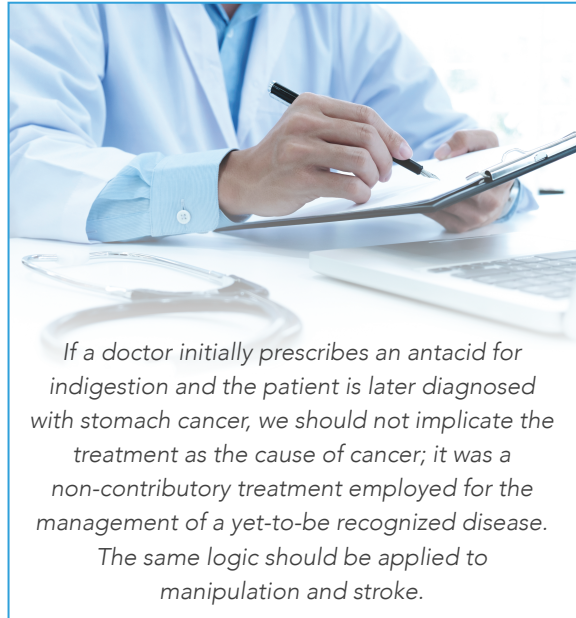
Four major studies have answered this question after examining the relationship of stroke and neck manipulation.

CONCLUSION DATA	1	100 MILLION PERSON YEARS	CONCLUSION DATA	2	39 MILLION PATIENTS
	<i>"No evidence of excess risk of stroke associated chiropractic care compared to primary care." (1)</i>			<i>"No significant association between stroke and chiropractic visits. Manipulation is an unlikely cause of stroke." (2)</i>	
CONCLUSION DATA	3	ALL PUBLISHED DATA	CONCLUSION DATA	4	15, 523 CASES
	<i>"No causal link between chiropractic manipulation and Cervical Artery Dissection (stroke)." (3)</i>			<i>"No excess risk of stroke after chiropractic care." (4)</i>	

More info on reverse side >

Problems Trigger *Doctor Visits,* Not Vice Versa

Each study has concluded that chiropractic spinal manipulation does not cause stroke, however, patients with symptoms of an impending stroke have a higher likelihood to seek care from a variety of providers, including chiropractors. Chiropractic or medical treatment is not the cause of the stroke, but rather an unrelated event along the timeline of a separately developing stroke.



If a doctor initially prescribes an antacid for indigestion and the patient is later diagnosed with stomach cancer, we should not implicate the treatment as the cause of cancer; it was a non-contributory treatment employed for the management of a yet-to-be recognized disease. The same logic should be applied to manipulation and stroke.

76% Lower

One recent study concluded: "*it is unlikely that chiropractic care is a significant cause of injury. In fact, risk of injury was 76% lower among subjects with a chiropractic office visit than those who saw a primary care physician.*" (5)

Chiropractic Care Has An *Exceptional* Safety Record

Chiropractic manipulation has an exceptional record of safety, but like all treatments, it is not without risk. Patients should discuss any concerns with their provider. Following careful assessment, you and your chiropractor can determine the best and safest mode of care.

References

1. Cassidy JD et al. Risk of vertebrobasilar stroke and chiropractic care: results of a population based case-control and case-crossover study. *Spine* 2008 Feb 15;33(4 Suppl):S176-83
2. Kosloff TM, Elto D, Tao J, Bannister WM. Chiropractic care and the risk of vertebrobasilar stroke: results of a case-control study in U.S. commercial and Medicare Advantage populations. *Chiropractic & Manual Therapies* (2015) 23:19
3. Church E W, Sieg E P, Zalatimo O, et al. (February 16, 2016) Systematic Review and Meta-analysis of Chiropractic Care and Cervical Artery Dissection: No Evidence for Causation. *Cureus* 8(2): e498.
4. Cassidy, J. David et al. Risk of Carotid Stroke after Chiropractic Care: A Population-Based Case-Crossover Study. *Journal of Stroke and Cerebrovascular Diseases*, Volume 26, Issue 4, 842 – 850
5. Whedon JM, et al. Risk of Traumatic Injury Associated With Chiropractic Spinal Manipulation in Medicare Beneficiaries Aged 66 to 99 Years. *Spine* 2015;40:264–270

To learn more about the proven safety and effectiveness of chiropractic, please visit www.HealthierIllinois.com



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Cervical (Neck) Adjustment

This document is intended as a general, broad-based consent applicable to any and all contemplated procedures. However, without in any way limiting the general applicability of this consent, in the event the Practice has recommended that I undergo cervical (neck) adjustment or manipulation based on my diagnosis and condition, the Practice has also informed me specifically regarding cervical (neck) adjustment and manipulation as follows: There is a rare association of this type of adjustment or manipulation with stroke due to compromise of the vertebralbasilar (VBA) artery (a neck artery at the base of the brain). In 2008, the risk was reported to be 1 case per 400,000 to 1,000,000 cervical spine adjustments in a study of VBA stroke patients admitted to Ontario hospitals from 1993 – 2002.¹ To the best of my knowledge, this is the largest research study to date on this issue. The study found positive association between both primary care (medical) visits and chiropractic visits with VBA stroke in this patient population. The study also found that practitioner visits billed for headache and neck complaints were highly associated with subsequent VBA stroke.

The study concluded that VBA stroke is a very rare event in the population, and that the increased risks of VBA stroke associated with chiropractic visits and primary care (medical) visits is likely due to patients with headache and neck pain from VBA dissection seeking care before their stroke. **The study found no evidence of excess risk of VBA stroke associated with chiropractic care compared to primary care.**

¹ Cassidy JD, Boyle E, Cote P, *et al.* Risk of vertebralbasilar stroke and chiropractic care: results of a population-based case-control and case-crossover study. *Spine*, Feb 15 2008;33(4 Suppl):S176-183. Republished in *J Manipulative Physio. Ther*, 2009 Feb;32(2Suppl):S201-8.

² *The Lancet*, Volume 350, Issue 9093, Pages 1777 - 1778, 13 December 1997

³ *Stroke*.1981; 12: 2-6

⁴ Smith, JS *et al.* Rates and causes of mortality associated with spine surgery based on 108,419 procedures: a review of the Scoliosis - Research Society Morbidity and Mortality Database. *Spine* 2012, Nov 1;37(23):1975-82.3. Marquez-Lara A, Nandyala SV, Hassanzadeh H, Noureldin M, Sankaranarayanan S, Singh K: Sentinel Events in Cervical Spine Surgery. *Spine* 2014 Jan 29 [Epub ahead of print], <http://www.ncbi.nlm.nih.gov/pubmed/24480955>

⁵ Lanis A *et al.* A nationwide study of mortality associated with hospital admission due to severe gastrointestinal events and those associated with nonsteroidal anti-inflammatory drug use. *Am J Gastroenterology* 2005, Aug;100(8):1685-93.

⁶ Lanis A *et al.* A nationwide study of mortality associated with hospital admission due to severe gastrointestinal events and those associated with nonsteroidal anti-inflammatory drug use. *Am J Gastroenterology* 2005, Aug;100(8):1685-93.
