



THE CENTER FOR MANUAL MEDICINE & REGENERATIVE ORTHOPEDICS

"We help you, help yourself"

Doug Frye MD,RMSK– Regenerative Orthopedics
Dani D. Steffen, DC–Chiropractic
C. Matt Elniff PT, FAAOMPT– Physical Therapy
Courtney Simon PT–Physical Therapy
Seth Harrison, CSCS- Clinic Manager

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Informed Consent for Chiropractic Treatment

The nature of chiropractic treatment:

Our Doctors will use their hands and/or a mechanical device known as and Activator, in order to adjust your joints back into their natural positioning in your body, hence why some people claim they feel "out of place". You may feel a "clicking" or "popping" noise, similar to when knuckles are "cracked", and you may feel movement of the joint during your treatment. Various other therapies may be used in conjunction with your manual treatment, such as ice packs or ice cups, electric muscle stimulation (E-Stim), therapeutic ultrasound and/or heated intersegmental traction therapy (IST) to reduce pain, improve range of motion, lessen soft tissue related symptoms such as inflammation or "tightness", and improve overall health and functionality of your body.

Possible Risks:

As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include but are not limited to:

- Fractures of bone
- Muscular strain
- Ligamentous sprain
- Dislocations of joints
- Injury to intervertebral discs, nerves or spinal cord.
- Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck.

In an effort to avoid these injuries our highly trained providers will ask an extensive series of questions during your evaluation along with the health history that you have filled out for us. In addition, two recent studies have concluded that this occurrence is **very rare** and that **no direct causal link has been proven** between chiropractic treatment and these injuries (1) (2). A minority of patients may notice stiffness or soreness after the first few days of treatment in comparison to starting an exercise program due to joints being moved in ways they are not used to moving. The ancillary procedures could produce skin irritation (redness), burns, or minor complications (increased joint stiffness).

Probability of risks occurring:

The risks of complications due to chiropractic treatment have been described as "rare" (1). The risk of cerebrovascular injury or stroke, has been estimated at one in one million (3), and can be even further reduced by screening procedures. Spontaneous tearing of the cervical arteries can occur during a majority of daily activities like weight lifting or golf (4), so proper diagnosis and immediate treatment is necessary.

Other treatment options which could be considered may include the following:

1. Over-the-counter analgesics.
2. Medical care including but not limited to: prescribed medication or injections, imaging (x-ray, MRI, CT, etc), blood work, regenerative therapy, surgery, and/or hospitalization.
3. Physical Therapy.
4. Use of accessory medical equipment: braces, walking devices, orthotics, etc.



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Risks of remaining untreated:*****

Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

Please check the following and sign below:

- _____ I understand that Dr. Dani Steffen will discuss with me any unusual risks I may have prior to treating me.
- _____ I have read and understand the explanation provided in this document about chiropractic treatment.
- _____ I have fully evaluated the risks and benefits that have been explained to me in this document by undergoing treatment.
- _____ I consent to undergo the treatment provided to me by Dr. Dani Steffen, and hereby give my full consent to her as a provider for chiropractic treatment.

Patient:

(Print) (Signature) (Date)

Parent/Guardian (if patient is under 18 years of age):

(Print) (Signature) (Date)

Witness:

(Print) (Signature) (Date)

Citation:

1. Cassidy, JD., Boyle, E., Cote, P., He, Y., Hogg-Johnson S., Silver, FL., & Bondy, SJ. (2008) Risk of vertebrobasilar stroke and chiropractic care: results of a population-based case-control and case-crossover study. *Spine, 15(33): S176-83*. Doi: 10.1097/BRS.0b013e3181644600
2. Church, EW., Sieg, EP., Zalatimo, O., Hussain, NS., Glantz, M., & Harbaugh, RE. (2016) Systematic Review and Meta-analysis of Chiropractic Care and Cervical Artery Dissection: No Evidence for Causation. *Cureus, 8(2): e498*. Doi: 10.7759/cureus.498
3. Rothwell, DM., Bondy, S., & Williams, JI. (2001) Chiropractic Manipulation and Stroke: A Population-Based Case-Control Study. *American Heart Association, 32:1054-1060*. Doi: 10.1161/01.STR.32.5.1054
4. Chiropractic neck adjustments linked to stroke. (2014) *Harvard Health Publishing*. Retrieved from [https:// www.health.harvard.edu/heart-health/chiropractic-neck-adjustments-linked-to-stroke](https://www.health.harvard.edu/heart-health/chiropractic-neck-adjustments-linked-to-stroke)

**This consent form is good for 3 years following the date of signature above. **