

SportWorks Active Chiropractic Informed Consent For Diagnosis, Treatment, and Management

I, _____, hereby give my consent to the Chiropractic doctors of SportWorks Active Chiropractic, LLC to provide diagnostic procedures, treatment, and management of my condition(s) within the scope of professional services authorized for chiropractic doctors in the state of Minnesota.

I understand that this treatment may include, but is not limited to: manual myofascial release, myofascial cupping, instrument assisted soft tissue manipulation (IASTM), heat/cryotherapy, kinesiology taping, as well as chiropractic adjustments.

I understand that, like any healthcare discipline, there are inherent risks associated with chiropractic care. I voluntarily assume those risks by signing this agreement. Listed below are summaries of both common and rare side- effects/complications associated with chiropractic care:

Common^{1, 2}

- Reactions most commonly reported are local soreness/discomfort (53%), headaches (12%), tiredness (11%), radiating discomfort (10%), dizziness, and bruising, the vast majority of which resolve within 48 hours.

Rare^{3, 4}

- Fractures or joint injuries in isolated cases with underlying physical defects, deformities or pathologies
- Physiotherapy burns due to some therapies
- Disc herniations
- Cauda Equina Syndrome ⁽²⁾ (1 case per 100 million adjustments)
- Compromise of the vertebrobasilar artery (i.e. stroke) (range: 1 case per 400,000 to 1 million cervical spine adjustments [manipulations]). This associated risk is also found with consulting a medical doctor for patients under the age of 45 and is higher for those older than 45 when seeing a medical doctor.

Please indicate to your doctor if you have headache or neck pain that is the worst you have ever felt⁽³⁾

If I have any questions or concerns about my condition, treatment, or care, I have inquired or have been given the opportunity to inquire about such therapies and have had my questions answered to my satisfaction before signing this informed consent document. I do, however, recognize that future questions or concerns may arise and I will bring any these to the attention of the treating doctors immediately.

Reasonable alternatives to these procedures have been explained to me including prescription medications, over-the-counter medications, possible surgery, and non-treatment.

Patient/Guardian Signature: _____

Patient/Guardian Name: _____ Date: _____

Doctor Signature: _____ Date: _____

References:

1. Thiel HW, Bolton JE, Docherty S, Portlock JC. Safety of chiropractic manipulation of the cervical spine: a prospective national survey. *Spine*. Oct 1 2007;32(21):2375-2378; discussion 2379.
2. Rubinstein SM, Leboeuf-Yde C, Knol DL, de Koekkoek TE, Pfeifle CE, van Tulder MW. The benefits outweigh the risks for patients undergoing chiropractic care for neck pain: a prospective, multicenter, cohort study. *J Manipulative Physiol Ther*. Jul-Aug 2007;30(6):408-418.
3. Cassidy JD, Boyle E, Cote P, et al. Risk of vertebrobasilar stroke and chiropractic care: results of a population-based case-control and case-crossover study. *Spine*. Feb 15 2008;33(4 Suppl):S176-183.
4. Boyle E, Cote P, Grier AR, Cassidy JD. Examining vertebrobasilar artery stroke in two Canadian provinces. *Spine*. Feb 15 2008;33(4 Suppl):S170-175.
5. Carragee EJ, Hurwitz EL, Cheng I, et al. Treatment of neck pain: injections and surgical interventions: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine*. Feb 15 2008;33(4 Suppl):S153-169.
6. Carroll LJ, Hogg-Johnson S, van der Velde G, et al. Course and prognostic factors for neck pain in the general population: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine*. Feb 15 2008;33(4 Suppl):S75-82.