

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor, to be familiar with the proposed treatment procedure and to make an informed decision about proceeding with treatment, in accordance with Section 43 of the *Code of ethics of chiropractors*.

Chiropractic treatment may include adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue (muscles and other supporting tissues) techniques, and other forms of therapy including, but not limited to, electrical or light therapy and prescribed exercise.

## Benefits

Chiropractic treatment has been demonstrated to be effective for various issues affecting the neck, back and other areas of the body caused by nerve, muscle, joint and related tissue dysfunction. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve joint, muscle and nervous system function, and reduce or eliminate the need for drugs or surgery.

## Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- **Temporary worsening of symptoms** – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.
- **Sprain or strain** – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- **Rib fracture** – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.
- **Injury or aggravation of a disc** – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

- **Stroke** – Although current medical and scientific evidence does not indicate that chiropractic treatment causes artery damage or stroke, chiropractic treatment has, in rare cases, been associated with stroke. Such cases can, however, be explained by a previously damaged artery or by the fact that the patient was progressing toward a stroke when he or she consulted the chiropractor.

Many activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck or a clot that already existed in the artery breaking off and travelling up to the brain.

Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke.

The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

## Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

## Questions or Concerns

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.

**Please be involved in and responsible for your care.  
Inform your chiropractor immediately of any change in your condition.**

### **DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE CHIROPRACTOR**

I hereby acknowledge that I have discussed my health status and the nature of the problem to be treated, the proposed treatment plan and the potential benefits and risks with the chiropractor.

I hereby declare that I have been informed of the alternatives to the proposed treatment.

I hereby declare that I have been given all the information and explanations needed to provide free and informed consent to the treatment proposed by the chiropractor.

I hereby declare that I have been informed that I can withdraw my consent at any time and that any significant changes to the proposed treatment plan will be subject to a separate consent.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature of patient (or legal guardian)

\_\_\_\_\_  
Patient's date of birth

\_\_\_\_\_  
Full name of chiropractor (Please print)

\_\_\_\_\_  
Signature of chiropractor

\_\_\_\_\_  
Date

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Informed consent to treatment must be adapted to the patient and take any changes in his or her condition into account. The aim of this table is to document these changes and ensure that the patient is well informed of the benefits and risks related to the treatment received and his or her condition. Chiropractors are asked to specify the new reasons for consultation and the areas of the body where treatment will be applied or changed. They must also ensure that they have the patient's consent following this update and once the patient has received explanations regarding the proposed changes.

### INFORMED CONSENT REMINDER

Date	Area of the body concerned or change in treatment	Signature of patient	Signature of chiropractor