

Sports & Spinal Injury Clinic, LLC

6634 Lake Otis Pkwy #A, Anchorage, AK 99507

Phone: (907) 522-3511; Fax: (907) 522-8551

NAME: _____ ID#: _____ DOB: _____ M / F DATE: _____

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

The nature of the chiropractic adjustment.

The primary treatment I use as a Doctor of Chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible “pop” or “click”, much as you have experienced when you “crack” your knuckles. You may feel a sense of movement.

Treatment

As part of the treatment, you are consenting to the following procedures:

- spinal manipulative therapy
- therapeutic ultrasound
- hot/cold therapy
- massage/myofascial release
- exercise and stretches
- traction
- EMS (electronic muscle stimulation)

The material risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strain and separations, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

The probability of those risks occurring.

Fractures are rare occurrences and generally result from some underlying weakness of the bone which I check for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. For comparison sake, according to the U.S. National Weather Service, the odds of being struck by lightning in your lifetime are one in 6250 and your odds in any given year for chiropractic adjustment causing a stroke is one in 750,000. The other complications are also generally described as rare.

The availability and nature of other treatment options.

Other treatment options for your condition may include:

- Self-administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain killers
- Steroid injections
- Surgery

If you chose to use one of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

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The risks and dangers attendant to remaining untreated.

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.
PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW.**

I have read [] or have had read to me [] the above explanation of the chiropractic adjustment and related treatment.

Patient's Signature

Dated: _____

Signature of Parent or Guardian
(if patient is a minor)

Dated: _____

Please sign below after talking with the Doctor. Thank you.

I have discussed it with Dr. Matthew Huettl/Dr. David Prentice/Dr. James Pizzadili and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Patient's Signature

Dated: _____

Signature of Parent or Guardian
(if patient is a minor)

Dated: _____

Doctor's Signature

Dated: _____