

**Johnson Chiropractic, P.C. Dr. Ted Johnson**

**4600 Kietzke Lane, N258 Reno, NV 89502**

**775-826-2200**

## **Informed Consent -- Chiropractic Care**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Instructions: This document relates to your Informed Consent for care. Please read carefully before signing.***

I, the below-signed patient/individual, have read this document in its entirety and understand the potential benefits and risks of Chiropractic Care. I understand that there may be other forms of care which I may wish or need to seek provided by other health care practitioners. I also understand that there may be significant risks of not seeking any care for my condition.

### **General.**

The primary treatment used by doctors of chiropractic is spinal and extremity (arms and legs) manipulative therapy. Dr. Johnson uses a specially designed mechanical instrument (the Impulse IQ) but may also use his hands on your body in such a way to improve mobility of the joints being treated. This may, at times, cause an audible "pop" or "click," as you may have experienced when you "crack" your knuckles. You may also feel a sense of movement. He may also, when necessary, work on the soft tissue (muscles, tendons and ligaments) connected to the joints that are being treated. This work may be done with his hands or with the use of specially designed instruments.

It is not possible to be able to anticipate and explain all risks and complications since each body is unique, but please be assured that Dr. Johnson will exercise prudent clinical judgment within his scope of practice during your care in this office. It is important to understand that in rare cases, underlying physical defects, deformities or pathologies may render you more susceptible to injury. It is your responsibility to make Dr. Johnson aware of any such conditions you know of before and throughout your treatments at this office. Such information should be included on the forms you filled out before your initial visit or at any time during your course of treatment.

### **Possible Risks of the Care**

*Chiropractic manipulation / adjustment.* As with any healthcare procedure, there are certain complications, which may arise during chiropractic manipulation. Those complications include: fractures (fractures are very rare occurrences and generally result from underlying weakness of the bone), disc injuries, dislocations, muscle strain, diaphragmatic paralysis, cervical myelopathy and rib strains and separations. 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. Dr. Johnson does not perform those types of cervical manipulations. Some patients will feel some stiffness and soreness after the initial few visits as muscles and joints start to work in a different manner. Please understand that stroke and other complications are also generally described as "rare."

### **Other Types of Care**

Some of the more common alternatives for treating joint and muscle problems may include: self-administered therapies, over-the-counter analgesics and rest; medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers; physical therapy, therapeutic massage and surgery. If I feel that other approaches will help with your condition, I will discuss those with you.

**Information continued on other side; initial here to indicate that you have read and understand the above: \_\_\_\_\_**

Johnson Chiropractic, P.C. Dr. Ted Johnson

4600 Kietzke Lane, N258 Reno, NV 89502

775-826-2200

## Informed Consent -- Chiropractic Care, Page Two

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **The Risks and Dangers Attendant to Remaining Untreated**

Remaining untreated may allow the formation of adhesions and reduced 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 care is postponed.

**Contraindications to Manipulation / Adjustment.** Dr. Johnson will not adjust a joint or area where manipulations should not be performed (such as a fractured or dislocated bone, infections of a bone, bone cancer, acute rheumatoid arthritis, a severely unstable joint). However, other areas of the body can be adjusted when such conditions exist.

**Definitions.** "You" and "office" refer to any provider who renders care at the Location above. "Care" includes all care received in the future, including care related to other conditions.

**Patient's Consent.** I understand the care that you have recommended, as well as your examination, diagnoses, and thoughts regarding my condition, and also all of the information in this Informed Consent. I have had ample opportunity to explore other potential forms of care, have asked you all of the questions that I have, and have no additional questions. I voluntarily and knowingly elect to receive the recommended Care.

Patient's Name (please print): \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

Name of Parent / Guardian / Authorized Representative (please print): \_\_\_\_\_

Signature of Parent/Guardian/Authorized Representative: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

Signature of Ted Johnson, D.C.: \_\_\_\_\_ Date: \_\_\_\_\_