



ASPEN CLUB

SPORTS MEDICINE INSTITUTE

Information about Possible Risk of Chiropractic Treatment

As a patient, you have the right to be informed about your condition and the recommended integrative and complementary procedures we offer so that you make an informed decision whether or not to undergo the procedure given the risk and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

Doctors of Chiropractic, Medical Doctors, and Physical Therapists using manual treatments for patients with headaches and cervical spine (neck) complaints are required to explain that there have been rare cases of injury to vertebral artery as a result of treatment. Such injuries have been known to cause stroke, sometimes with serious neurological damage. The rare chance of this happening is estimated to be approximately from 1 in 400,000 treatments to 1 in 100 million treatments. Appropriate tests will be performed to help identify if you may be susceptible to this type of injury; you will be notified if that is the case. If you have any questions about this, please do not hesitate to speak with your practitioner.

As with any health care procedure, complications may arise during treatment. These complications include soreness, muscle or ligament sprain/strain, discoloration, fractures, disc injuries or physiotherapy burns. These are extremely rare occurrences.

Consent of Treatment

By signing below, I authorize the performance of diagnostic tests, procedures and treatment deemed necessary by personnel involved in my care.

Authorization to Treat a Minor (under the age of 18)

By signing below, I hereby request and authorize my doctor at this clinic to perform diagnostic tests and render chiropractic adjustments and other treatment to my minor son/daughter. This authorization also extends to include radiographic examination at the doctor's discretion. As of this date, I have legal right to select and authorize health care services for the minor child named above. Under the terms and conditions of my divorce (if applicable), separation or other authorization, the consent of a spouse/former spouse or other is not required. If my authority to select and authorize this care should be revoked or modified in any way, I will immediately notify the Aspen Club Sports Medicine Institute.

Signature of Patient or Responsible Party

Date

Relationship



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Intramuscular Manual Therapy (IMT)/ Functional Dry Needling (FDN) Consent Form

IMT/FDN involves placing a small needle into the muscle at the trigger point which is typically in an area in which the muscle is tight and may be tender. The intent is to cause the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms. The performing therapist will not stimulate any distal or auricular points during a dry needling treatment.

IMT/FDN is a valuable treatment for musculoskeletal related pain such as soft tissue and joint pain, as well as to increase muscle performance. Like any treatment there are possible complications. While these are rare in occurrence, it is recommended you read through the possible risks prior to giving consent to treatment.

Risk of the procedure:

Though unlikely there are risks associated with this treatment. The most serious risk associated with TDN is accidental puncture of the lung (pneumothorax). If this were to occur, it may likely only require a chest x-ray and no further treatment as it can resolve on its own. The symptoms of pain and shortness of breath may last for several days to weeks. A more severe lung puncture can require hospitalization and re-inflation of the lung. This is a rare complication and in skilled hands should not be a concern. If you feel any related symptoms, immediately contact you IMT/FDN provider. If a pneumothorax is suspected you should seek medical attention from your physician or, if necessary, go to the emergency room.

Other risks may include bruising, infection and nerve injury. Please notify your provider if you have any conditions that can be transferred by blood, require blood anticoagulants or any other conditions that may have adverse effect to needle punctures. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from IMT/TDN is small.

Please consult your practitioner if you have any questions regarding the treatment above.

Do you have any know disease or infection that can be transmitted through bodily fluids?

YES or NO

If marked yes, please discuss with your practitioner.

Signature

Date

____ I was offered a copy of this consent and refused.