

THE RISKS AND BENEFITS

All health care treatments carry the possibility of complications, so you should know your options and the associated risks and benefits. According to David M. Eddy, M.D., Ph. D., a professor at Duke University, only about 15% of all medical interventions are supported by solid scientific evidence. The following information is provided to assist you in making an informed decision regarding your care.

1. Chiropractic Manipulation

Benefits: Twenty-four controlled research studies over the past 15 years have revealed the chiropractic care and the use of chiropractic manipulation is the most effective method of care for spinal cases¹. A 1993 Canadian report overwhelmingly supported the safety, effectiveness, and scientific validity of chiropractic.² And in 1994 the U.S. Department of Health and Human Services also endorsed manipulation.³

a. **Effectiveness:** Chiropractic care is more effective than medical treatment for spinal cases^{4&5}. In fact, chiropractic patients return to work 4 times sooner than medical patients.^{6&7}

b. **Cost:** Medical care for spinal pain costs between 4 and 10 times more than chiropractic care.^{6&7}

Patient satisfaction: Of the millions of patients who receive chiropractic treatment every year, the Gallup organization found that nine out of ten felt the treatment was effective.⁸ In addition, chiropractic patients were three times more satisfied with their chiropractic care than with treatment by family medical doctors for similar conditions.

Risks: Damage to the arteries of the neck has led to or contributed to serious complications, including stroke. Research reveals that strokes occur in 2 cases per million treatments. Thus, there is a 0.0002% risk of stroke.^{10&11} This is very rare event occurs most often (92% of the cases) during manipulation with the head in a rotated and extended position—a treatment method that is not used in this clinic.^{12&13&14}

2. Over the counter drugs

Benefits: Over the counter drugs can be used in mild and moderate cases to temporarily reduce pain.

Risks: Short term use of over the counter drugs usually causes no significant problems, although side effects such as nausea, vomiting, rashes, dizziness may occur. Over the counter drugs are not recommended for long term use. Aspirin or ibuprofen can cause stomach irritation and ulcers.³ And some patients who have used aspirin substitutes on a long term basis have developed end stage kidney disease requiring life-long dialysis treatment.¹⁵

3. Prescription medicines: muscle relaxants and pain relievers

Benefits: Short term use of prescription pain relievers can temporarily reduce pain and could be used in severe cases. But the short term use of muscle relaxants has been shown to be questionable.¹⁶

Risks: Short term use of prescription drugs usually causes no significant problems, but side effects such as nausea, drowsiness, vomiting, rashes and dizziness may occur. No research supports the long term effective use of these drugs. Long term use could cause a number of significant complications that vary from drug to drug. A Yale New Haven Hospital study concluded that between 100,000 and 200,000 people die each year from the adverse effects of medications.

4. Hospitalization

Benefits: Hospitalization is unnecessary and ineffective for back problems.^{17&18}

Chiropractic care provides more effective long and short-term benefits than hospital treatment.⁴

Risks: Hospitalization increases one's chance of exposure to communicable diseases and malpractice. Research by Hard Medical Schools found a 1% risk of serious injury (10,000 cases per million) and a .25% risk of death (2,500 cases per million) due to medical negligence during a hospital admission.¹⁹

5. Physical Therapy

Benefits: Chiropractic manipulation is more effective than physical therapy for back problems.^{2,3,&5}

Risks: No serious consequences when applied by a professional under the direction of a chiropractic or medical doctor.

6. Chymopapain injections

Benefits: One Italian study showed good clinical results, but the researcher was quick to point out that the risks of serious complications or death, outweigh the benefits.²⁰

Risks: Neurosurgeon Charles Fager's research found 1,400 deaths per million treatments, or a **.14% risk of death**.²¹

7. Surgery

Benefits: A patient should always get a second opinion before consenting to spinal surgery. Only 1% of spinal cases like fracture, dislocation or certain nerve damage cases can benefit from surgery, and surgery can cause more problems than it solves.³ In contrast, chiropractic has been successful for the treatment of patients previously diagnosed as needing disc surgery.²²

Risks: Surgery for neck pain results in paralysis in 15,000 cases per million. **Thus, there is a 1.5% risk of paralysis**.²³



SPINAL CARE TREATMENT OPTIONS

8. Massage

Benefits: Massage may reduce pain and relax muscles in the short term.³ It has not been proven to speed the recovery of back problems. Chiropractic is significantly more effective than massage therapy for back problems.²⁴

Risks: None known when applied by a professional under the direction of a chiropractic or medical doctor.

9. Osteopathic Manipulation

Benefits: Although a small percentage of doctors of osteopathy do practice manipulation, most have become medical care providers and have left spinal manipulation to the chiropractic profession.

Risks: The risks are the same as chiropractic manipulation, according to Scott Haldeman, D.C., M.D., Ph.D.

10. Bed Rest

Benefits: Bed rest may reduce pain, but should not exceed 2 to 3 days. Bed rest is not recommended as the sole treatment method for spinal problems.

Risks: Exceeding 3 days of bed rest slows recovery and weakens the muscles and bones of the spine—which can lead to chronic back problems.^{3 & 27}

11. Exercise

Benefits: Exercise is an integral component of any successful rehabilitative spinal program. When performed properly, exercise can improve the strength and endurance of spinal muscles and reduce pain.^{3, 28, 29, & 30}

Risks: Under the supervision of doctor or therapist, no material risks. However, when performed improperly, exercise can complicate and worsen a spinal condition.³

12. No Treatment

Benefits: Some minor spinal pains might go away without treatment. However, because pain is the last symptom to appear and the first to disappear, pain is not an accurate indicator of the need for treatment.

Risks: Delaying treatment can result in irreversible damage, such as reduced mobility and increased scarring of spinal tissues. It can turn a simple case into a complicated condition that will be more costly to treat and will yield less favorable results.

By signing below, I have read and understood the spinal care treatment options.

Patient Name (Print)

Patient Signature

Date

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In this clinic we perform the Graston Technique, deep tissue, and myofascial release which require female patients to gown with their pants on and expose their back and/or other areas of injuries for treatment. Males are required to take off their shirt to expose their back for treatment or wear a gown. The patients are to lay face down on the adjusting table and expose their back or other areas of injuries for treatment.

This technique is used to break up fibrosis, adhesions, scar tissues, and fascial plane restrictions in soft tissue such as ligaments, muscles, and tendons in the regions of injury. The therapeutic effects are to disperse inflammation, increase flexibility, increase circulation, and stimulate the immune system.

The patients may experience some muscle redness, soreness, or a slight fever that may last 1 or 2 days depending on individual patient response. Patients are advised to drink plenty of water to speed up recovery after treatment.

The patient has the right to request a presence of another person, male or female, during treatment if he/she is uncomfortable. The patient may use friends, relative, or our secretary to be present.

If you acknowledge and understand the above conditions, please sign below.

I _____ give the doctor consent to perform this procedure, signed below here:

Signature: _____ Date: _____

I _____ do not give the consent to perform this procedure, signed below here:

Signature: _____ Date: _____



PATIENT & INSURANCE INFORMATION

Name		Date	
Address		Apt#	
City	State	Zip	
Home Phone ()	Work Phone ()	Cell Phone ()	
Driver's License	Birthdate	Age	Social Security #
Height	Weight	Gender	M F
Marital Status	Spouse Name	Number of Children	
M S D Sep			
Employer		Occupation	
Address			
City	State	Zip	
This office visit is due to <input type="checkbox"/> Car Accident <input type="checkbox"/> On Job Injury <input type="checkbox"/> Other Accident <input type="checkbox"/> General			

HEALTH INSURANCE INFORMATION

Carrier	Address		
Ins. Phone #	Policy #	Group#	
Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			

If you are covered under another person's insurance. Please complete this part.

Name of Insured	Phone of Insured ()
Address of Insured	
Insured Birthdate	Insured Gender M F
Insured Employer	Insured Employer Phone #
Insured Employer Address	Insured Plan Name

Auto Accident / L & I insurance

Policy #	Carrier		
Address			
City	State	Zip	Phone ()
Contact Person	Patient relationship to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		
Date of Accident	Claim Number		



PERSONAL & HEALTH HISTORY

Name: _____ Date: _____

Have you received other treatment for this condition? YES NO

If yes, from whom _____ Where? _____

Past auto accidents? Y N How recent? _____ Treatment? Y N Any Residuals? Y N

Past work injuries? Y N How recent? _____ Treatment? Y N Any Residuals? Y N

Other injuries? Y N How recent? _____ Treatment? Y N Any Residuals? Y N

Have you received chiropractic care before? Yes or No

If yes, from whom _____ Where? _____

Date of last menstrual cycle _____ Are you pregnant? YES NO

Date of last physical exam _____ Tests done? _____

HEALTH HISTORY

Prior to your present injury, please check the boxes below for all symptoms you have in the past year:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Headache/ Sinus/ Tension/Migraines | <input type="checkbox"/> Muscle Spasms | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Visual Problems |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Asthma | <input type="checkbox"/> Loss of Sleep |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Back pain | <input type="checkbox"/> Hip pain | <input type="checkbox"/> Difficulty Breathing |
| <input type="checkbox"/> Numbness or Pain in:
Arms/Hands/Legs/Feet | <input type="checkbox"/> Pain between shoulders | <input type="checkbox"/> Allergies | <input type="checkbox"/> Menstrual Problems |
| | <input type="checkbox"/> Neck Stiffness | <input type="checkbox"/> Ear Infection | |

	Diabetes	Heart	Kidney	Cancer	Back
Mother					
Father					
Brother					
Sister					

EXERCISE

None Light Moderate Intense
Times/week? _____
Type? _____
How Long? _____

Military

Smoking _____ Pack(s)/Day
 Drinking Alcohol _____ Drinks(s)/Day
 Coffee _____ Cup(s)/Day

MEDICAL HISTORY

Family Doctor: _____ Address: _____

Medication(s)/Vitamins: _____

Past Surgeries _____

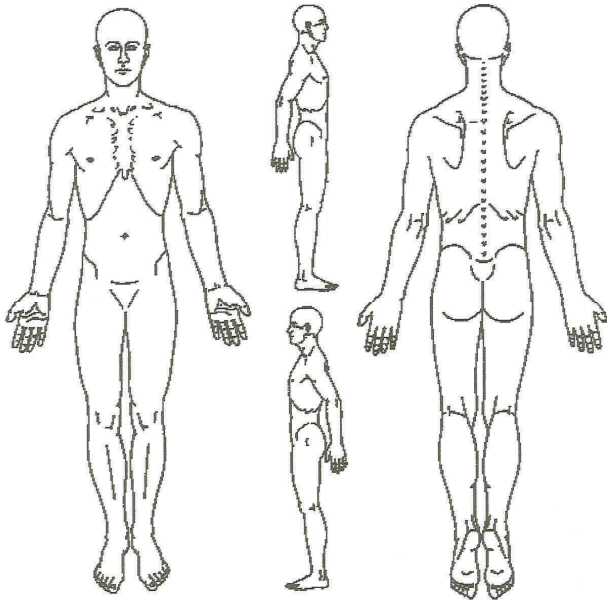
Allergies: seasonal/medications? _____

Other illness(es): _____



COMPLAINTS & SEVERITY OF PAIN

Indicate in the box how bad your pain is—at the left end of the line means no pain at all, at right end means worst pain possible. On the diagram below, please indicate where you experiencing pain or other symptoms, right now.



- | | |
|---------------------|-------------------------------|
| A = Ache | P = Pins & Needles |
| B = Burning | S = Stabbing |
| N = Numbness | TH = Throbbing |
| T = Tingling | D = Dull |
| SH = Sharp | O = Other |

	(0=No Pain)	(10=Worst Pain)									
1	_____		How long? _____								
	0	1	2	3	4	5	6	7	8	9	10
2	_____		How long? _____								
	0	1	2	3	4	5	6	7	8	9	10
3	_____		How long? _____								
	0	1	2	3	4	5	6	7	8	9	10
4	_____		How long? _____								
	0	1	2	3	4	5	6	7	8	9	10
5	_____		How long? _____								
	0	1	2	3	4	5	6	7	8	9	10
6	_____		How long? _____								
	0	1	2	3	4	5	6	7	8	9	10
7	_____		How long? _____								
	0	1	2	3	4	5	6	7	8	9	10
8	_____		How long? _____								
	0	1	2	3	4	5	6	7	8	9	10

I hereby state that the information on all pages of this form is true and correct. I authorize T & T Chiropractic LLC to examine, take x-ray, treat me, and to do whatever they deem necessary in accordance with the state statutes, for the care and management of my condition.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that T & T Chiropractic LLC will prepare any necessary reports and forms to assist me making collection from the insurance company that any amount authorized to be paid directly to T & T Chiropractic LLC will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patient/Spouse/GuardianSignature _____ Date _____



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