



Elk Valley
Family
Chiropractic

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Consent to Chiropractic Care

Chiropractic doctors are required to advise clients of the nature of the care to be provided, the risks and benefits of the care, and any alternatives to care.

There are or may be risks associated with the care provided by chiropractors. In particular you should note:

- a. While rare, some clients have experienced short term aggravation of symptoms, rib fractures or muscle and ligament sprains or strains in association with chiropractic care;
- b. There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustments although NO SCIENTIFIC STUDY HAS EVER DEMONSTRATED SUCH INJURIES ARE CAUSED OR MAY BE CAUSED, BY SPINAL ADJUSTMENTS, or chiropractic care;
- c. There are reported cases of injury to the vertebral artery and stroke in association with many common neck movements, including adjustments of the high cervical spine. The apparent association of vertebral artery injury and stroke with high cervical spine adjustment is noted very infrequently. Further, PRESENT MEDICAL AND SCIENTIFIC EVIDENCE DOES NOT ESTABLISH A DEFINITE CAUSE AND EFFECT RELATIONSHIP between either injury to the vertebral artery or stroke and high cervical spine adjustment. However, you are being warned of this possible association because a vertebral artery injury or a stroke can cause serious neurological impairment, and may, on rare occasion, result in paralysis or death. The possibility of such injuries resulting from high cervical spinal adjustment is extremely remote.

Chiropractic care, and in particular spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be effective treatment for many neck and back conditions involving pain, numbness, muscle spasm, loss of mobility, headaches and other similar symptoms. Chiropractic care contributes to your overall well being. The risk of injuries or complications from chiropractic care is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

I acknowledge I have discussed the following with my chiropractic doctor:

- a. The condition which the chiropractic care is to address;
- b. The nature of the chiropractic care;
- c. The risks and benefits of that care; and
- d. Any alternatives to that care.

I have had the opportunity to ask questions and receive answers regarding the chiropractic care.

I consent to the chiropractic care offered or recommended to me by my chiropractor, including spinal adjustment. I intend this consent to apply to all my present and future chiropractic care.

Dated this _____ day of _____ 20_____.

Client signature (or legal guardian)
Print name: _____

Signature of witness
Print name: _____

“Moving Together towards Lifetime Wellness”