



Chiropractic Informed Consent and Treatment Authorization

Introduction

Dear Patient: This document provides information about the risks and benefits of chiropractic care, as required by Texas law for informed consent. Chiropractic care involves several therapies including manual or instrument-assisted adjustments to bones and joints, often resulting in a “pop” or “click” sound. Symptoms reported have been dizziness and lightheadedness, which usually have been temporary in nature. According to latest studies there is minimal evidence whether that is due to pre-existing conditions such as atherosclerosis, connective tissue disorders, or other systemic causes. Our clinic employs highly trained professionals who provide comprehensive services, including consultations, examinations, x-rays, physical therapy, traction, massage, exercise guidance, Shockwave therapy (See Shockwave Consent and info provided before treatment), and other therapeutic procedures or referrals to specialists. In the event your primary chiropractor is unavailable, another qualified doctor from our clinic may provide your treatment to ensure continuity of care.

Risks of Chiropractic Treatment

It is important you inform us of any conditions such as pregnancy, blood clotting disorder, anticoagulants such as Markham Heparin and Coumadin, birth control, and if you have received steroid injections within the past 6 weeks, and are wearing a pacemaker.

Every healthcare procedure carries some risk. Below are potential risks associated with chiropractic care, though most occur very rarely. An Occurrence is estimated at 1 in 1 million. For context, the risk of serious injury from playing football is approximately 1 in 25,000, taking aspirin is 1 in 10,000, taking birth control 1 in 5,000; and about the same for driving a car 1 mile.

Stroke: A stroke occurs when the brain or spinal cord lacks sufficient oxygen from the bloodstream, potentially causing temporary or permanent dysfunction, or, in very rare cases, death. Recent studies (2008, 2015, 2016) suggest no direct link between chiropractic adjustments and stroke, but symptoms like neck pain or headaches may indicate a spontaneous vertebral artery dissection. If suspected, you will be immediately referred to emergency services. We do not perform the “extension-rotation-thrust atlas adjustment,” which some anecdotal reports associate with vertebral artery strain. The estimated incidence of stroke related to upper neck adjustments is 1 in 400,000 to 3,000,000.

Disc Herniations: Chiropractic adjustments or traction can treat disc herniations in the neck or back but may occasionally aggravate the condition, rarely requiring surgery. No statistics quantify this risk due to its rarity.

Cauda Equina Syndrome: This rare condition occurs when a low back disc problem compresses nerves controlling bowel, bladder, or sexual function, causing symptoms like numbness in the pelvic area, incontinence, or inability to urinate. This is a medical emergency requiring surgical decompression within 12–72 hours. If you experience these symptoms, inform us immediately or visit an emergency department.

Soft Tissue Injury: Adjustments, traction, or massage may overstretch muscles or ligaments, causing temporary pain. These issues resolve with treatment and have no long-term effects. No statistics quantify this risk due to its rarity.

Rib and Other Fractures: Rarely, adjustments may fracture a rib, typically in patients with weakened bones (e.g., osteoporosis). We adjust cautiously, especially if osteoporosis is noted on x-rays. No statistics quantify this risk.

Physical Therapy Burns: Heat or ice therapies may rarely cause skin irritation or burns, leading to temporary pain or blistering. Always use an insulating towel with home ice packs. No statistics quantify this risk.

Soreness: Adjustments, traction, massage, or exercise may cause temporary soreness, similar to post-exercise discomfort. This is normal during therapeutic change but should be reported to your doctor.

Other Risks: Other rare complications, such as dislocations or sprains, may occur. Due to their rarity, not all risks can be anticipated or explained in advance.



Treatment Authorization

I have read the consent form and authorize the doctors and staff at this clinic, including Dr. John Botefuhr, DC, to examine and treat my condition using any combination of chiropractic adjustments, radiographs, spinal decompression, traction, massage therapy, rehabilitative exercises, cold laser, acupuncture, ultrasound diathermy, extracorporeal Shockwave therapy, or other supportive procedures. This consent covers current and future treatments for my condition(s). I understand that, as with any healthcare system, no cure is guaranteed, and I may be referred to another provider if results are unsatisfactory. I agree to inform the clinic of any changes in my health and to report persistent or increased pain immediately.

Consent and Acknowledgment

I have read and understand the risks and procedures outlined above. I consent to chiropractic care and related treatments by the doctors and staff at this clinic, including any relief or support practitioners. I rely on the clinic to exercise judgment in my best interest based on the facts known at the time. *If I have questions, I will discuss them with my doctor before signing.*

Patient Name (Printed): _____ Date: _____

Patient Signature: _____ Witness Signature: _____

Parent/Guardian Signature (for Minor): _____ Date: _____