

WHAT TO EXPECT: POST-VISIT

HOW WILL I FEEL AFTER MY SESSION?

Most people feel considerably more relaxed and less concerned, and many people find they are able to breathe more fully. Some patients continue to move and stretch in various ways after their appointment to release any tension they may be holding and to help unwind chronic tension patterns. Over several sessions you will begin to feel more open, present, connected and peaceful.

WHAT IF I FEEL SORE?

Any adverse effects are typically minor and brief in length. The likelihood of initial soreness or increased pain after a chiropractic adjustment has been found to be similar to that of starting an exercise program. There are several ways you can speed up the healing process after a chiropractic treatment. Self-care plans will help to restore your body to good health and help you experience the results of the treatment more quickly.



Some of the best things you can do to promote healing after an adjustment include:

- Use an ice pack on the treated area (15 minutes on, 15 minutes off)
- Try light stretching exercises
- Sleep on a suitable support system – a mattress and pillow, not a couch or recliner
- Avoid heavy lifting
- Refrain from intense exercise for at least three to five days
- Eat a balanced diet
- Drink plenty of water
- Wear properly fitting, comfortable shoes

When to schedule a follow-up session

Patients sometimes make the mistake of allowing themselves to receive treatment once and then fail to follow up with their chiropractor for the recommended treatments afterward. For this reason, patients can still feel pain after their initial adjustment. You should complete the treatment plan that you discuss with your chiropractor for optimal performance.

Receiving chiropractic treatment can be a responsible way to deal with pain and prevent it from reoccurring. You should do your best to follow up with your chiropractor on treatments for the prescribed amount of time. It can take time for the results to become noticeable, but with continued treatment you will notice that your pain can be eased.

DID *you* KNOW

Chiropractic care enhances the ability for the nervous system to function properly.

WHAT TO EXPECT: PRE-VISIT

OVERVIEW: Chiropractic is a health care profession based primarily upon the interactions of the spine and nervous system as well as the effects of musculoskeletal disorders on general health. Because all nerves exit as pairs at each of the levels of the spine, chiropractic has an incredible impact on performance and vitality. Chiropractors are trained to give your body the attention and care it needs.

COSTS: Total back care costs have been found to be lower for patients who received treatment (either initially or during the course of their care) from chiropractors. Chiropractic care for acute conditions is covered by most health care plans. Patients often have a co-pay at the time of the visit.



Q What's going to happen during my first visit?

The main point of the first visit is to get an adequate examination and make a diagnosis. You will be asked what specific problems you have been encountering and about the nature of your pain. Your chiropractor will then examine you, which may involve a few tests, such as an X-ray, to see what is going on in your body or an evaluation of your current health status.

Once you have been diagnosed, the chiropractor will develop a personalized treatment plan. The plan may include how many treatments you need to return to a proper alignment and what other procedures might occur. Depending on what is causing your pain and the severity of the issue, you may receive treatment the same day. Adjustments and treatments may be scheduled for another time, depending on your treatment plan.

Q Will it hurt?

Techniques emphasize using minimal force and gentle pressure. A chiropractic adjustment is a highly controlled procedure that rarely causes discomfort. Many patients report a popping sound during their adjustment. The popping noises sometimes heard are tiny pockets of gas releasing from your joints, which is completely normal.

Q What can I do?

It is important to try to be as relaxed as possible and allow your chiropractor freedom to make the adjustments. Patients who are tense or who stiffen every time the chiropractor attempts the adjustment makes it hard for the chiropractor to work in the needed area.

Your chiropractor will be happy to talk you through any adjustments to ease any anxiety you may have. Remaining relaxed will pay off, as almost all patients find great relief when normal flexibility is returned to the affected vertebrae.

ASK *your* CHIROPRACTOR

Your chiropractor is your partner in getting you on the road to recovery. So, don't be afraid to ask questions. Asking questions will help you become more acquainted with your chiropractor and chiropractic health in general. Ask your chiropractor any and every question you may have.

- How long have you been practicing chiropractic?
- What are your qualifications?
- Do you commonly treat my condition?
- What type of diagnostic testing is needed?
- Will I need care from other health care professionals?
- What are the side effects and possible complications of the process, if any?
- What type of patient education do you provide?
- How long will it take to get well?



Lac Courte Oreilles Community Health Center

Name: _____ Date: _____ Date Of Birth _____

Confidential Patient Information for Chiropractic Care

What is your major health concern: _____

Other concerns: _____

How long have you had this condition: _____

How did it originally occur: _____

Have you ever had the same or similar condition? Yes No If yes please describe: _____

Have you seen anyone else for this condition? Yes or No If yes Who: _____

What was done? _____ Did it Help? _____

List previous diagnoses and treatment you have received for this for this condition: _____

Have you had any spinal x-rays, MRI, CT scans for the area of complaint? _____ When _____

Describe the pain (circle): Sharp Dull Numbness Tingling Aching Burning Stabbing Throbbing Tightness Stiffness Soreness

Is the pain? Constant frequent intermittent occasional seldom Is the Pain? severe moderate mild slight

What makes the pain worse (circle)? Movements, lifting, sitting, standing, walking, working, turning, reaching, running, driving, bending changes in positions, lying down, rest, sleeping, coughing, getting dressed, Other: _____

What helps reduce the pain? Rest, lying down, movements, sleep, walking, sitting, standing, cold, warm, massage, chiropractic care, medication, therapy, exercises, leaning over a something Other: _____

Is there a time of day the pain is worse (circle)? Same throughout the day, morning, as the day progresses, evening, night.

Is the condition interfering with your? Sleep, work, daily routine, enjoyment of life Is the pain getting? worse, better, same

Is this condition related to a present or previous work related injury? Yes No If Yes When _____ Where _____

What happened/ describe? _____

Is this condition related to an auto accident or other type of accident? Yes No If yes When _____ Where _____

Describe: _____

Are there any other symptoms that may be related to your major symptom? Yes No If yes please describe: _____

Date of last of last physical examination: _____

What operation have you Had? _____ When _____

Have you ever suffered from (circle) and add any pertinent information or dates:

1. Dizziness	7. Headaches	13. Nervousness
2. Backache	8. Numbness	14. Sinus Trouble
3. Heart trouble	9. Asthma	15. Anemia
4. Diabetes	10. Neuritis	16. Rheumatic Fever
5. Tuberculosis	11. Skin Condition	17. Cancer
6. Arthritis	12. Digestive Disorders	18. Other condition

Printed Name

Signature

Date

For a minor or person represented by another party.

If you signed on behalf of the patient give the description of the authority to act and behalf of the patient (parent, guardian...)



Lac Courte Oreilles Community Health Center

Name: _____

Date: _____

Informed Consent to Chiropractic Treatment

The state of Wisconsin requires every patient to be informed of the risk of treatment and alternatives to treatment prior to the beginning of care. We intend this consent form to cover the entire course of treatment for your present condition and for any conditions for which you seek treatment at this clinic.

The Nature of Chiropractic Treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a "click" or "pop" similar to the noise produced when a knuckle is "cracked," and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound, or traction may also be used.

Possible Risks: As with any health care procedures, complications are possible following a chiropractic manipulation. Complications could conceivably include fracture of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves, or spinal cord. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns, or other minor complications. There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote.

Probability of Risks Occurring: The risks of complications due to chiropractic treatment have been described as "rare" to "extremely rare", statistically less often than complications from taking a single aspirin tablet.

Other treatment options which could be considered may include the following:

1. *Over-the-counter analgesics.* The risks of these medications include irritation to stomach, liver, and kidneys, and other side effects in a significant number of cases.
2. *Medical care,* typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
3. *Hospitalization* in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
4. *Surgery* in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

Risks of Remaining Untreated: Delay of treatment allows formation of adhesions, scar tissue, and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

Unusual Risks: I have had the following unusual risks of my case explained to me:

I have read the above explanation of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Printed Name

Signature

Date

For a minor or person represented by another party.

If you signed on behalf of the patient give the description of the authority to act and behalf of the patient (parent, guardian...)

Witness

Date



Lac Courte Oreilles Community Center

Name: _____ (printed) Date: _____

Functional Rating Index

In order to properly assess your conditions, we must understand how much your complaint(s) have affected your ability to manage everyday activities. For each item below, please circle the number which most closely describes your condition right now.

1 Pain Intensity

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
No Pain Mild Pain Moderate Pain Severe Pain Worst Possible Pain

2 Sleeping

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
Perfect Sleep Mildly Disturbed Sleep Moderately Disturbed Sleep Greatly Disturbed Sleep Totally Disturbed Sleep

3 Personal Care (washing, dressing, etc.)

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
No Pain Mild Pain Moderate Pain Severe Pain
no restrictions no restrictions Need to go slowly Needs some Assistance Need 100% Assistance

4 Travelling, driving or as passenger, etc.)

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
No Pain Mild Pain Moderate Pain Severe Pain
On Long Trips On Long Trips On Long Trips On Short Trips On Short Trips

5 Work

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
Can do usual work Can do usual work Can do 50% Can do 25% Cannot Work
plus unlimited extra work no extra work of usual work of usual work

6 Recreation

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
Can do all activities Can do most activities Can do some activities Can do few activities Cannot do any activities

7 Frequency of pain

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
No Pain Occasional Pain Intermittent Pain Frequent Pain Constant Pain
25% of the day 50% of the day 75% of the day 100% of the day

8 Lifting

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
No Pain with Increased Pain with Increased Pain with Increased Pain with Increased Pain with
heavy weights heavy weights moderate weights light weights any weights

9 Walking

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
No Pain Increased Pain Increased Pain Increased pain after Increased Pain with
Any distance after 1 mile after 1/2 mile 1/4 mile all walking

10 Standing

0 _____ 1 _____ 2 _____ 3 _____ 4 _____
No Pain Increased Pain Increased Pain Increased Pain Increased Pain with
after several hours after several hours after 1 hour after 1/2 hour any standing

Total Score _____

11 Over the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) have you been feeling?

Not at all Anxious _____ Extremely Anxious _____

0 1 2 3 4 5 6 7 8 9 10

12 Over the past week, how (down-in-the-dumps, sad, in low spirits, pessimistic unhappy) have you been feeling?

Not at all Sad _____ Extremely Sad _____

0 1 2 3 4 5 6 7 8 9 10