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**CONSENT TO TREATMENT**

The American Chiropractic Association encourages its membership to obtain informed consent, so patients will be thoroughly informed of possible advantages and disadvantages prior to the onset of any new care.

There is legal precedent for patients to receive informed consent. Informed consent indicates your awareness of the negative, as well as the positive, aspects of a medical procedure.

While recognizing the benefits of reduction of short-term –and even of long-term–pain and functional disability which has been demonstrated by a number of medical and chiropractic investigations, you should also be aware that chiropractic treatment (specifically termed adjustment) has some possible risks and limitations. These are seldom enough to override the benefits of chiropractic treatment, but it is our responsibility to ensure that you are aware the possibility exists. Most of these problem areas are explained below, but other unexpected problems may also occur due to such things as natural history of the disorder, or because of the variability of living tissue in each individual. These are problems that appear in the general population in persons who have never had chiropractic treatment, as well as in those who have. They can be associated with normal variation in the disorder, or can be caused by many factors chiropractic adjustment being only one possible variable.

Poor or inadequate attention to sleeping, casual and working postures can unnecessarily delay improvement, or worse, may even severely aggravate your condition.

Failure to follow the recommended home care procedures and applications of home therapy and /or bracing may result in unnecessary delay in healing as well. Similarly, failure to follow the doctor’s advice regarding home and work restrictions may result in poor or unsatisfactory progress.

Failure to immediately report any complications or perceived changes in your condition to your doctor immediately may delay referral or appropriate changes in your treatment plan.

Current research indicates chiropractic adjustment is indicated for milder forms of discal herniation, and a four week trial of adjustments is effective for a significant number of patients. Indeed, the three year outcome for mild lumbar disc hernias treated with surgery is not significantly better than for those treated conservatively. Seldom are there complications from chiropractic adjustment, but there is speculation that with more serious neurologic deficits chiropractic is contraindicated and may aggravate the lesion. Also, neurologic deficits may worsen due to other factors such as posture, sneezing, bending, lifting, or other influences regardless of chiropractic intervention. In the unlikely event that deficits worsen, the doctor will make appropriate referral.

Older patients or patients with osteoporosis may be more susceptible to such disorders as spinal compression fracture. Rarely, fractures have been reported after

chiropractic adjustment, usually involving a rib. However, the initial chiropractic assessment is designed to identify those patients for whom “lighter” adjustment may be indicated. Light force procedures such as PulStar as well as myofascial release have not been causally related to this complication.

Occasionally, a person’s joints will be excessively stiff and non-compliant. Such a person may develop a mild or moderate strain after even trivial trauma such as bending over to pick up an object on the floor. It is believed by most chiropractic practitioners that regular maintenance or “preventive” adjustments reduce the frequency and severity of such strains. Indeed, there is strong evidence that chiropractic adjustment is more effective for such neck and back strains than is continued treatment with non-steroidal anti-inflammatory drugs, placebo, or physiotherapy. Adjustment may seldom aggravate or trigger a soft-tissue lesion such as this, and the doctor of chiropractic is trained to give advice regarding supportive care or additional therapy before or after adjustment as needed to lessen the possibility of such a complication.

Some people, especially smokers, obese individuals, elderly, patients taking anticoagulant and/or birth control medication, individuals with abnormal vertebral arteries in the neck, and those with a family history of stroke, are predisposed to cerebrovascular accident or stroke. Rarely, persons with some of the above factors may develop a stroke while bending over or rapidly jerking their neck to the side. Similarly, it has been suggested that these same individuals may be predisposed to have a mild stroke after adjustment to the neck. An association between chiropractic neck treatment and stroke has not been causally proven. However, if there is an association it is a rare occurrence, with a prevalence of between approximately 1 in 1 million and 1 in 5 million neck adjustments. Certainly the doctor of chiropractic is trained to recognize these risk factors, and judge whether a “lighter” neck adjustment is indicated.

The total time for treatment can be extended beyond the original estimate. Poor systemic circulation such as associated with diabetes, presence of other debilitating or degenerative disease, and other factors may complicate recovery. Poor cooperation by the patient, missed appointments, and poor doctor/patient communication may unnecessarily lengthen treatment time and affect recovery.

Home care instructions and work restrictions must be followed carefully, and orthotic bracing should be used according to the doctor’s prescription only. No other therapies, exercises or interventions should be used without express approval of your doctor of chiropractic, or recovery may be affected.

Please contact our office at any time if you have any further questions.

I acknowledge that my questions have been answered to my satisfaction, and I understand that no guarantee can be made concerning the results that may be obtained due to the wide variability between individuals and the many factors over which the doctor of chiropractic has no control. I have read and understand the above and request treatment for:\_\_\_\_\_.

Signature of parent or guardian:\_\_\_\_\_

Signature of patient:\_\_\_\_\_

Signature of witness:\_\_\_\_\_

Date:\_\_\_\_\_

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