

INFORMED CONSENT TO TREATMENT AT PHYSICIANS PLUS BERWYN – LTD.

I _____ do hereby give my consent to the performance of conservative treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/mobilizations involving movement of the joints and associated soft tissues. Physical therapy/modalities, acupuncture, stretching, exercises and diagnostic tests including but not limited to: EMG's, NCV's, EKG's, Spirometry, X-rays and blood draws may also be used.

Although spinal manipulation/mobilizations are considered to be one of the safest, most effective forms of therapy for musculo-skeletal problems, I am aware that there are possible risks and complications associated with these procedures as follows:

Soreness: I am aware that like exercise it is common to experience muscle soreness following the treatments.

Dizziness: Temporary symptoms like dizziness and nausea can occur but are relatively rare.

Fractures/Joint Injury: I further understand that in isolated cases underlying physical defects, deformities or pathologies like weak bones from osteoporosis, degenerative disc or other abnormality is detected, this office will proceed with extra caution.

Stroke: Although strokes happen with some frequency in our world, strokes from adjustments/mobilizations are rare. I am aware that nerve or brain damage including stroke is reported to occur once in one million to once in ten million treatments. Once in a million is about the same chances as getting hit by lightning. Once in ten millions is about the same chance as a normal dose of aspirin or Tylenol causing death.

Physical Therapy Burns: Some of the therapies used at Physicians Plus – Berwyn, Ltd., generate heat and may cause a burn or skin irritation albeit that this a very rare event. Despite precautions, if a burn is obtained there will be a temporary increase in pain and possible blistering. This should be reported to the doctor.

Falls: I understand that the rehabilitation process involves certain inherent and unavoidable risks, including falls and other similar injuries, and that only alternative to entirely avoiding these risks would be to forgo rehabilitation altogether. I, therefore, acknowledge that falls and other similar injuries are an inherent risk of the rehabilitation process and I accept that risk.

Tests and other procedures have been performed on me to minimize the risk of any complication from treatment and I freely assume these risks.

TREATMENT RESULTS

I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. However, I appreciate that there is no certainty that I will achieve these benefits. I realize that the practice of medicine, including chiropractic and physical therapy, is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

I agree to the performance of these procedures by my doctor and such other person of the doctor's choosing.

ALTERNATIVE TREATMENTS AVAILABLE

Reasonable alternatives to these procedures have been explained to me including rest, home applications of therapy, OTC medications, exercises and other more aggressive approaches.

Medications: Medications can be used to reduce pain or inflammation. I am aware that long-term use or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short term relief, undesirable side-effects, physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks.

Rest/Exercise: It has been explained to me that simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice, heat or other home therapy including exercise programs and or stretching. Prolonged bed rest contributes to weakened bones and joint stiffness. Exercises are of limited value but are not corrective of injured nerve and joint tissues.

Surgery: Surgery may be necessary for joint instability or serious rupture. Surgical risks may include unsuccessful outcomes, complications, pain or reaction to anesthesia, and prolonged recovery.

Non-treatment: I understand the potential risks of refusing, discontinuing and or neglecting care against the doctor’s advice, may include: increased pain, scar/adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthy.

I release Physicians Plus – Berwyn, Ltd. and Doctor Spencer from any responsibility for valuables, money and other personal possessions lost or stolen while on the premises.

I consent to the administration upon me of such routine care and treatments including diagnostic procedures, as may be considered necessary or advisable. I understand that I am free to obtain information concerning any such care by asking clinic personnel.

I have read or have had read to me the explanation of Physicians Plus – Berwyn, Ltd. consent to my treatment. Any questions I have had regarding these procedures have been answered to my satisfaction **PRIOR TO MY SIGNING THIS CONSENT FORM.** I have made my decision, with careful thought, voluntarily and freely. I understand that I can withdraw my consent at any time in writing.

To attest to my consent to these procedures, I hereby affix my signature to this authorization for treatment.

Date

Printed Name

Signature