

# NEWTON WHOLE HEALTH

## INFORMED CONSENT

*Welcome to our office. We are excited you are here! We offer a unique service to individuals and families and will make every effort to make your experience supportive, informative and healing.*

Chiropractic healthcare involves various techniques and modalities to achieve the best possible outcome of the patient. These include, but are not limited to the following:

1. **Chiropractic Adjustment/Manipulation:** A hands-on therapeutic maneuver that utilizes controlled force, leverage, direction, and velocity which is directed at specific joints or anatomical regions. Chiropractors commonly use such procedures to influence joint mobility and neurophysiologic function.
2. **Mobilization:** A slow gentle movement applied singularly or repetitively within or at the physiologic range of joint motion, without imparting a thrust or impulse, with the goal of restoring joint mobility.
3. **Myofascial Release Technique:** Relaxes overactive muscles and helps stretch chronically shortened muscles. Helps to restore normal elasticity to the muscles, ligament, and tendons.
4. **Manual Traction:** Involves a slow and steady force acting on a longitudinal axis to draw a structure apart. Induces passive motion into the spine for the purpose of stretching spinal joints and increasing mobility.
5. **Electro-Therapy:** A therapeutic treatment to aid in the relief of pain and the promotion of soft tissue healing. Causes stimulation of innervated muscle to contract which helps force fluid out of the lymphatic and interstitial tissues thereby reducing edema. Also helps stimulate the release of endorphins which are the body's natural pain killers.

It is common for chiropractic adjustments, traction, massage therapy, exercises, etc. to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your treating Chiropractic Physician about it.

Chiropractic is a system of healthcare delivery, and therefore, as with any field of healthcare, cannot promise a cure for any symptom, disease or condition as a result of treatment at this facility.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and was given the opportunity to ask questions pertaining to my treatment. I also understand that there is always the possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment. I agree to allow you to communicate with my primary healthcare physician regarding my treatment and rehabilitation.

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

Printed name of patient: \_\_\_\_\_

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