

Springbrook Chiropractic - Dr. John J. Collins

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"Life, Realigned"

This form is for the patient to keep.

ROF, PAR & Informed Consent Policy (2/16)

Our office provides "patient-centered care. The IOM (Institute of Medicine) defines **patient-centered care** as: "Providing **care** that is respectful of and responsive to individual **patient** preferences, needs, and values, and ensuring that **patient** values guide all clinical decisions."

ROF (Report of findings) and PAR conversation: After your exam but before receiving any treatment, the doctor will verbally give you a report of findings (ROF) before commencing treatment. The ROF includes summary of the exam findings and includes the doctor's diagnoses, prognosis and treatment plan. The PAR conversation includes procedures, alternatives and risks (PAR) for you to consider. The following is a general summary of the most-common procedures, alternatives and risks.

Procedures: The most common procedure done in our office is hands-on chiropractic manipulative therapy. The second most common treatment is soft tissue massage. Other treatments used are: non-manipulative manual therapy (passive mobilization or stretching procedures), home exercise and diet advice, stress-management advice, mechanical traction, inversion traction, ultrasound, hot packs, electrical stimulation, instrument-assisted chiropractic manipulative therapy, et al.

Alternatives: While there are no other forms of treatment that can duplicate chiropractic care, other treatment options for chiropractic patients may include one or more of the following:

- Do nothing
- Self-treatment, such as with OTC medications (i.e. NSAIDs, Tylenol), herbs, exercise and/or other at-home products.
- Other types of health care providers such as DPTs, MDs, NDs, LAc.s, LMTs, etc
- Prescription drugs such as anti-inflammatory, muscle relaxants and/or opioid-type pain-killers, etc.
- Hospitalization
- Surgery

Risks: All of the above alternatives involve varying degrees of risk with surgery being the highest risk. For example, one study found that NSAIDs (such as Ibuprofen or Advil) may be responsible for as many as 15 deaths, per 100,000 users. Another study estimated 16,500 deaths per year in the USA from NSAID use alone. Another example is opioids... Opioid-class medications are considered substantially more risky than OTC NSAIDs and are therefore only available with a prescription. At our office, a common treatment used is manual spinal manipulative therapy or manual chiropractic manipulative therapy (CMT). The doctor may use CMT with his hands upon your body in such a way as to move your joints. That may cause an audible "pop" or "click," much as you experience when you "crack" your knuckles. You may feel a sense of movement. Although chiropractic care, in general, is considered one of the safest forms of healthcare in the USA, there are some very small risks associated with CMT. Very rare complications may include muscular-skeletal injuries. In extremely rare cases, some types of manipulation of the neck (especially high-velocity, rotational manipulations to the upper neck) may be associated with injuries to certain arteries in the upper neck leading to, or contributing to serious complications. The Doctor makes every reasonable effort during the detailed consultation and examination to screen for contraindications to CMT or other forms of chiropractic care. Additionally, to further lower the already extremely-small risk, the doctor in this office never uses high-velocity, manual/rotational manipulations to the upper neck. That said, if you have symptoms, medical conditions or other known health risk factors, it is your responsibility to fully inform the Doctor of anything that you know. Vertebral artery dissection caused by chiropractic manipulation of the neck has been the subject of ongoing medical research and debate. Somewhere around 1 per 1,000,000 neck adjustments may be associated with VAD but the rest research on the topic does NOT show a causal relationship. Unfortunately, there is no single, reliable screening procedure to identify patients with neck pain who are at risk of a vertebral artery dissection. If you choose to use one of the above noted "alternatives" options, you may wish to discuss these with your chiropractor or primary medical physician. There are also risks and dangers to remaining untreated. Remaining untreated may allow the formation of adhesions and reduce mobility and/or may result in "central sensitization" and long-term pain.

Informed consent:

You, the patient, are ultimately in charge of your chiropractic care. Only with the patient's permission can treatment commence. The patient may choose to cease care at any time, for any reason. After the ROF and PAR discussion, the doctor will ask the patient for verbal consent to commence treatment. Once consent is given, then care may begin immediately or at the next appointment.

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