

## INFORMED CONSENT TO ORTHOPAEDIC MANUAL PHYSIOTHERAPY – CERVICAL SPINE MANIPULATION AND MANUAL THERAPY

Patient/  
Guardian  
Initial(s)

Name of Patient: \_\_\_\_\_

Attending Physiotherapist: \_\_\_\_\_

\_\_\_\_\_ I understand that manipulation (including spinal and peripheral joints) is a skillful passive high velocity, low amplitude, minimal force thrust movement of a joint beyond its physiological limit of motion but inside the limits of its anatomical integrity for the purpose of restoring motion and function.

\_\_\_\_\_ I understand that there are **risks** associated with cervical spine manipulation and manual therapy techniques used by physiotherapists who are Fellows of the Canadian Academy of Manipulative Physiotherapy, including:

- \_\_\_\_\_ 1. Exacerbation and aggravation of symptoms including increased pain and stiffness;
- \_\_\_\_\_ 2. Muscle or ligament strains or sprains;
- \_\_\_\_\_ 3. Muscle spasms;
- \_\_\_\_\_ 4. Bruising;
- \_\_\_\_\_ 5. Dizziness or vertigo;
- \_\_\_\_\_ 6. Vertebral artery dissection;
- \_\_\_\_\_ 7. Spinal disc injury including disc herniation and bulges;
- \_\_\_\_\_ 8. Fractures;
- \_\_\_\_\_ 9. Spinal cord injury , myelopathy , central cord syndrome, or quadriplegia;
- \_\_\_\_\_ 10. Neurological injury or impairment including radiculopathy, paraesthesia, numbness, tingling, pins and needles, and radiating pain in an upper extremity;
- \_\_\_\_\_ 11. Stroke;
- \_\_\_\_\_ 12. Death.

I acknowledge I have informed my physiotherapist of:

- \_\_\_\_\_ 1. All my health issues and concerns (past and present) including malignant and inflammatory diseases, suspected fractures, osteoporosis, and mental disorders;
- \_\_\_\_\_ 2. All medication I am currently taking or have been prescribed including steroids and anti-clotting agents (anticoagulants);
- \_\_\_\_\_ 3. All other medical professionals or treatment providers that I am currently seeing.

*I acknowledge I have discussed with my physiotherapist:*

- \_\_\_\_\_ 1. *The nature and purpose of cervical spine manipulation and manual therapy techniques;*
- \_\_\_\_\_ 2. *The anticipated benefits of cervical spine manipulation and manual therapy techniques including reducing pain and restoring movement and function to joints;*

- \_\_\_\_\_ 3. **Alternative treatment options** that are available;
- \_\_\_\_\_ 4. *The history of my medical condition at issue, diagnosis regarding my medical condition, and treatment recommendations for my medical condition;*
- \_\_\_\_\_ 5. *Consequences of not undertaking cervical spine manipulation and manual therapy techniques;*
- \_\_\_\_\_ 6. **The common and significant risks** and possible complications of cervical spine manipulation and manual therapy techniques;
- \_\_\_\_\_ 7. **Serious risks** and possible complications, even if unlikely;
- \_\_\_\_\_ 8. **Special risks** and possible complications, that although uncommon, may have particular relevance to me; and
- \_\_\_\_\_ 9. *Any questions that I may have.*

\_\_\_\_\_ *I acknowledge that all my questions have been satisfactorily answered.*

\_\_\_\_\_ *I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained.*

\_\_\_\_\_ *I acknowledge that I have the right to refuse cervical spine manipulation and manual therapy techniques, regardless of the consequences and regardless how beneficial or necessary such treatment may be.*

\_\_\_\_\_ **I consent to and authorize** my physiotherapist, or whomever he/she may designate, to perform cervical spine manipulation and manual therapy techniques on me, and agree to proceed with such treatment.

\_\_\_\_\_ *This consent applies to all my current and future treatment.*

\_\_\_\_\_ *I acknowledge that I have the right to withdraw my consent and stop treatment at any time.*

\_\_\_\_\_ *I acknowledge I have read this consent and fully understand the contents of this consent.*

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Patient Name** *(please print)*

\_\_\_\_\_  
**Witness Name** *(please print)*

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Parent/Legal Guardian Name** *(please print)*

\_\_\_\_\_  
**Witness Name** *(please print)*