

## Informed Consent to Osteopathic Care & Massage Therapy

Osteopaths, like General Practitioners, are Government registered primary health care providers. Osteopaths are therefore required by law to complete accredited University training, and comply with Government standards ensuring the highest quality of care and most importantly safety for patients. Even with highly regulated practice, as in Medicine, there are always going to be some risks associated with treatment.

It is our intent and desire to make our patients better and we pride ourselves on quality care and patient choice. We would therefore like to inform you of some of the more serious risks, regardless of how remote the possibility of these events occurring so that you can make an informed choice when it comes to your treatment.

Any painful condition may be made better or worse by externally applied therapy. Although most patients receive relief quickly from their pain through Osteopathic treatment, some may be made worse. Usually this will only be a temporary increase in pain or muscle spasm. It is not uncommon to feel sore for a day or two after any treatment.

With all manipulative therapy administered there are associated risks. Weakened, or damaged tissues may be made worse just by the examination needed to evaluate the injury. The simple act of bending and twisting can make an injury worse and on rare occasions the treatment, however careful, may aggravate an existing injury even to the point of needing surgery.

Each Osteopath may employ a different range of therapies that may include; Deep tissue massage therapy, Muscle energy technique, Craniosacral, visceral release, Joint mobilisation, Acupuncture, trigger point needling, Ultrasound, Electrotherapy and other techniques. The risks associated with these treatments are: post treatment soreness, backache, headache, ligament or muscle injuries, tissue burning and bruising. If you use a pacemaker or any implanted medical device, it is very important that you inform your Osteopath as Electrotherapy and Ultrasound can interfere with these devices and cause them to malfunction, potentially leading to death.

More serious risks are associated with the use of spinal joint manipulation. The risks associated with this type of treatment are fractures and strokes (or like episodes). These stroke like episodes are thought to be caused by damage to an artery in the neck, the vertebral artery, following high velocity adjustment or manipulation in the cervical (neck) region. In spite of extensive investigations the exact mechanism by which spinal manipulative therapy is thought to produce this damage is not fully understood, there are however known potential risk factors, which all osteopaths are trained to screen for in all patients. The degree of serious risks associated with manipulation of the cervical spine is uncertain, with widely differing results being published. Serious complications after manipulation of the cervical spine are estimated to be 1 in 4 million manipulations or fewer.<sup>2</sup>

A RAND Corporation extensive review of published literature estimated "one in a million."<sup>3</sup>

Extensive literature reviews performed to formulate practice guidelines, concur that "the risk of serious neurological complications (from cervical manipulation) is extremely low, and is approximately one or two per million cervical manipulations."<sup>4</sup>

The Australian Osteopathic Association recommends that all patients be made fully aware of the rare but serious complications associated with manipulation of the cervical spine (neck region), by the use of clearly written informed consent forms<sup>1</sup>. If you do not wish to give consent to this style of treatment, please discuss with your Osteopath an alternative treatment technique that may be suitable for your condition.

In order to screen you safely for risks and the use of certain therapies the patient must disclose accurate medical details during the collection of the medical history and update the osteopath of any changes to this medical history at subsequent consultations.

1 Reggars. J et al. Risk Management for Chiropractors and Osteopaths: Neck Manipulation & Vertebrobasilar Stroke. Journal of the Chiropractic & Osteopathic College of Australasia 2003;11(1):9-15

2 Lauretti W "What are the risk of chiropractic neck treatments?" retrieved online 08 028 2006 from [www.chiro.org](http://www.chiro.org)

3 Coulter ID, Hurwitz EL, Adams AH, et al. (1996) The appropriateness of manipulation and mobilization of the cervical spine 'Santa Monica, CA, Rand Corp: xiv [RAND MR-781-CCR]. Current link

4 Haldeman S, Chapman-Smith D, Petersen DM. Guidelines for chiropractic quality assurance and practice parameters. Gaithersburg, Md: Aspen Publishers, 1993: 170-2.

# Consent Statement

Name of patient ("the patient"): \_\_\_\_\_

I hereby consent to the use of cervical manipulative procedures as part of osteopathic treatment (if required) and other listed therapies to be used on me by the osteopath, and/or any other osteopath or Massage Therapist working at any of the Move Osteopathy consulting rooms

I have had the opportunity to discuss with the therapist the nature and purpose of the proposed course of treatment and other procedures. I understand the results of the treatment provided to me are not guaranteed.

I understand, and am informed that, there are risks with osteopathic and massage treatment, with the most serious being fractures and strokes (or like episodes). I do not expect the therapist to be able to anticipate and explain all the risks and possible complications. I wish to rely on the therapist to exercise judgment during the course of treatment, which the therapist feels at the time, based on the facts then known, and is in my best interests.

I have read the above, and have also had the opportunity to ask questions about its content. I intend this consent form to cover the entire course of treatment for my present condition, and for any future condition(s) for which I seek treatment at the clinic with any and all therapists working or locum for Move Osteopathy. I understand that I can withdraw my consent to treatment at any time without prejudice.

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

## PARENTAL/GUARDIAN CONSENT

*Please note: Persons under the age of 18 should have a parent or guardian sign this consent form*

Name of guardian/parent: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CANCELLATION POLICY:

We require 24 hours' notice for all cancellations. If you are unable to make your appointment, please phone us to reschedule your appointment 24 hours in advance if possible. Special considerations will be taken into account for dire circumstances. An appointment reschedule for a different time on the same day will not incur a fee.

**I understand that should I cancel within the 24 hr period a cancellation fee may apply.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient / Parent / Guardian