## CHIROPRACTIC TREATMENT AND PROTOCOL

- 1. <u>MANIPULATION</u>- Gentle passive force to encourage normal joint mechanics and break up scar tissue adhesions in ligaments. Therefore, aligning the joints into proper position to encourage function, increase blood flow, and release neurologic impingements.
- 2. TRACTION/MOBILIZATION/TRIGGER POINT These treatments are used in conjunction or separately to the manipulation. These include long axis traction to decrease intradiscal pressures and break up scar tissue adhesions. Trigger point therapy breaks the spasm cycle of the muscles by restimulating, contracting and/or relaxing muscles at the tendon enthesis (attachment point). This is generally the stretching and mobilization used by the doctor prior to the manipulation. By loosening the joints, it allows for a smoother and more effective manipulation.
- 3. MUSCLE STIMULATION- This procedure is used to passive exercise the muscular soft tissue up to a tolerance of healthy tissue, but not past the point of pain where tissue destruction could take place. The electrical current stimulates the nerves as they enter the muscle and gently contracts the muscle in a rhythmic patter to accomplish a variety of therapeutic benefits. At the time of injury, muscles, ligaments, and paravertebral soft tissue (known as mesenchymal connective tissue) are flooded with lactic acid and toxic materials. These toxic materials must be cleansed by the lymphatic system. Unlike the "blood" system which has a heart to pump it, the lymphatic system relies upon the movements of the surrounding tissues to push it though. While this natural movement can be restricted by pain and swelling, it can be instigated with electrical muscle stimulation which contracts the muscles in rhythmic patterns which aid greatly in assisting the body in this cleansing process. Because inactivity allows a muscle to heal in a weakened state, muscle stimulation is an excellent procedure because it promotes healing, strengthening, reduces spasms, and increases circulation in the recuperating muscle.
- 4. <u>ULTRASOUND</u> Ultrasound is high frequency sound waves which penetrate the tissue and the sound causes a vibration within the tissue i.e. "micro-massage". Microscopic massage is the vibration of each individual cell which causes the cell to greatly increase its metabolic rate or throw off its waste products. This is very helpful because malfunctioning tissue cannot metabolize or throw off its waste products due to congestion, which can cause a weakened state, malfunction, scar tissue, or calcification. Mechanical vibration of the cells is accomplished because of the high frequency of the ultrasound waves causing the molecules and the tissue cells to "rub" against each other. The friction of the movement of cells creates heat in the tissues which in turn increases the circulation in the immediate area. The increased circulation means that nutrition is being brought in to the area for healing and waste matter is being removed.
- 5. <u>ULTRASOUND/MUSCLE STIMULATION COMBINATION</u> Combines the above characteristics of 3 and 4 into dual therapy, thereby delivering all the therapeutic benefits at the same time.
- 6. <u>INTERFERENTIAL ELECTRO-THERAPY</u> Proven therapeutic treatment for the relief of pain and the promotion of soft tissue healing. Tiny amounts of electrical impulses are induced into the tissues in the vicinity of the injury. At the point where these waves intersect below the surface of the skin, low frequency stimulation is created. This prompts the body to secrete endorphins and the body's other natural painkillers to help relieve pain. It reduces painful symptoms, decreases local swelling, promotes muscle tone, helps restore normal movements, and accelerates the healing process.
- 7. MOIST HEAT this therapy can be used to help long term healing as it softens the tissue and promotes pliability as the tissue heals. Hot packs have several therapeutic benefits. Moist heat expands the opening of blood vessels to promote increased blood flow, thereby increasing nourishment of injured tissue. It relaxes muscles thereby reducing spasms; even at the lower tissue a level which slows pulse rate respiration. Hot packs also slow down reactions to muscle spasms and calms the unwanted response to nerve excitability that bring "stabbing pains" during muscle spasms, dilates channels in your body to help get rid of waste products and make room for new tissue growth. PLEASE NO HEAT ON RECENT INJURY!!
- 8. CRYOTHERAPY (ICE PACKS)— Ice is used most often for the calming of irritated nerve roots or for decreasing the inflammation of a "hot" spinal disc or joint. Ice is incorporated many times in new injuries or conditions in what is known as the "acute stage" or when an exacerbation of an old injury occurs. Ice brings on relief by constricting blood vessels in the involved area and thereby decreases the swelling and pressure which ultimately reduces the pain. This constriction of blood vessels decreases the possibility of internal bleeding occurring in the muscles, ligaments, and surrounding tissues which appear as a bruise.
- 9. TRACTION (SPINALATOR) Motorized intermittent traction places a gentle stretch on the spine to separate the vertebrae and relieve direct nerve pressure. It also takes the stress of the discs between the vertebrae. This stretching effect of the disc creates suction and lets the disc absorb more blood and healing nutrients, thus allowing it to heal more quickly. Traction reduces adhesions, mobilizes joints, restores ligament elasticity, reduces hydrostatic pressure, and strengthens area of involvement.
- 10. TRACTION MECHANICAL Utilizes computerized technology to slowly stretch either the cervical or lumbar spine to decrease intradiscal or intra-joint pressure. By relieving this pressure it creates a gravity negative effect allowing for possible retraction of expanded joint materials therefore relieving painful pressures and also incorporates all benefits of #9.

ALWAYS, IF YOU HAVE QUESTIONS, PLEASE	EAS THE DOCTOR OR	SIAFF. IHANKS.
I have read and consent to the above treatments		Date
	Patient Signature	

## Consent to Treat

## THIS CONSTITUTES INFORMED CONSENT FOR CHIROPRACTIC CARE.

I hereby request and consent to the performance of specific testing and procedures on me (or the patient named below for which I am legally responsible) as deemed necessary by the providing physician and/or staff at West Knox Chiropractic Group. I understand, and am informed that, while extremely rare, there are some risks to treatment including, but not limited to: fractures, disc injuries, strokes, dislocations, sprains, and strains. I wish to rely on the doctor and treating provider to exercise judgment during the course of the procedure, based on the facts then known is in my best interest. I have read, or have had read to me, the above consent. I will have the opportunity to discuss the nature and purpose of the chiropractic adjustments and other procedures with the doctor and/or office personnel. I agree to these procedures and intend this consent form to cover the entire course of treatment and for any future condition(s) for which I seek treatment.

Patient signature	Date
Parent/Legal guardian name(please print)	
Guardian signature	Date
AUTHORIZATION AND AS	SSIGNMENT
Please read and initial each line that applies to your situation. AUTHORIZATION TO RELEASE INFORMATION(if applicable) information you deem appropriate concerning my physical condition to any insuradjuster, in order to process any claim for reimbursement of charges incurred by services rendered by you of any consequence thereof. ASSIGNMENT OF PAYMENT (if applicable): My attorney and/or pay direct to the doctor listed below, any moneys due him/her on account, the sa settlement made on my behalf. Further, I agree to pay the difference if any, betw charges and the amount paid him/her by the attorney and/or insurance company. undersigned, agree to pay the full amount of his/her charges, should my condition my policy or if for any reason the insurance company and/or attorney refuses to assignment does not release the patient from the responsibility for their yearly deservices provided by the clinic. If you receive payment from your insurance carrelinic has accepted assignment of benefits, you are to bring the check into this of endorse it over to the clinic. Failure to do so will-result in collection action. MEDICARE ASSIGNMENT (if applicable): I authorize any holder or release to the Social Security Administration and Health Care Financing Adminicarriers any information needed for this or a related Medicare claim. I permit a c in place of the original and request payment of medical insurance benefits either accepts assignment below. ACKNOWLEGMENT AND UNDERSTANDING: I hereby acknow. A. That there is no insurance company obligated to pay for the services, or if the to acknowledge an assignment to the doctor, or make other provisions for the proof or a current basis and my bill paid in full as soon as my liability claim is settled my last statement, whichever comes first.	rance company, attorney, or me as a result of professional insurance company are hereby requested to me to be deducted from any ween the total amounts of his/her. It is further understood that I, the on be such that it is not covered by pay my claim. Accepting eductible or for their co-payment on rier during the period which the ffice within one week of receipt and of medical or other information about me to istration to its intermediaries or copy of this authorization to be used to myself or to the party who reledge; insurance company involved refuses of the doctor; est of the doctor, or if I have not Knox Chiropractic, will be made
Patient signature	Date

consent to your disclosure, which you deem necessary in connection with my or my child's condition. This

and only upon direct request of your third party payer.

Patient signature

information will only be distributed to your third party payer for purposes of reimbursement for services provided,

Date