

Informed Consent for Network Spinal Care

Healing Wave Chiropractic P.C. – Allentown, PA – Dr. Shaun M Gallagher, Holistic Chiropractor

The purpose of this consent form is to help you better understand the nature of the services offered in this office and our mutual responsibilities as patient and practitioner. This fosters a more effective relationship and avoids misunderstandings regarding expectations. Having well-understood expectations is expected to promote a greater sense of safety and healing.

“I hereby request and consent to receiving spinal care and wellness education in this office by a Doctor of Chiropractic (D.C.) who provides Network Spinal (NS) care, a low-force approach which has unique outcomes and clinical results. The practitioner at Healing Wave Chiropractic chooses to practice NS, as he is professionally and personally confident regarding the safety and effectiveness of this form of health care.

NS does not attempt to manually, or by instrument, manipulate spinal fixations structurally (often associated with a snapping or popping sound) and this form of intervention should not be expected or requested at this office. NS does not directly treat painful areas of the spine and body – the solution is not always in the painful areas. Instead, by enhancing my body’s awareness of itself and specifically awareness of my spine, I understand I can develop new strategies for healing, adapting to stress, and experiencing wellness. These learned strategies promote spontaneous self-correction of the spine and self-regulation of spinal tension patterns and healing.

NS consists of gentle touches along the neck, spine, and tailbone to achieve greater communication between the brain and body, and new sensory and movement strategies. NS adopts an approach associated with somatic training (body/spinal awareness). There is a collection of research characterizing NS care and documenting its unique and significant wellness benefits. I understand I may obtain copies of published research articles (upon request). I also understand that in addition to NS sessions, care at this office involves regular spinal examinations (may require gowning) to monitor and acknowledge my progress.

It is common for people receiving NS care to breathe more deeply and more fully, engaging the spine with their respiration and thereby reclaiming pliability in body tissues. Some people receiving NS care spontaneously adopt postures or movements that release or redistribute tension. It is also common for patients to experience more of their inner life energy which may surface as a feeling of vitality, healthier posture, or as an ability to move through life more freely. Greater depth and breadth of emotions is common and is sometimes accompanied by making sounds during sessions. It is common, as care progresses, to find new options in the body and in life which often lead to significant life changes. Maintaining a healthier body requires me to make positive life choices about exercise, nutrition, and my mental state. This form of care is NOT suggested for individuals who wish to remove a symptom or condition without the occurrence of other fundamental changes in their lives. Sustainable healing and growth cannot happen without lifestyle changes. Rather than attempting to simply return me to my previous-state-minus-a-symptom, the doctor at Healing Wave Chiropractic instead chooses to help me achieve new levels of wellness and life potential that I may have never had before. I acknowledge that I am an active participant in this process.

It has been explained to my satisfaction and I understand that the care offered at Healing Wave Chiropractic is not a form of, or replacement for, the diagnosis or treatment of any symptom, disease or malady. I understand that it is a form of wellness care and self-education that empowers my connection with my body-mind and develops new strategies for spinal and nervous system integrity.

Healing Wave Chiropractic does not accept third party payment or participate with insurance companies, including worker’s compensation, personal injury, Medicare, or other forms of health insurance. Accepted forms of payment are cash, check, credit card, and medical savings account cards (e.g. HSA, Flex Spending, etc.).

I have read, or have had read to me, this form titled “Informed Consent for Network Spinal Care” and I understand that the care in this office is different from what many consumers may expect from doctors practicing manipulative therapy. I agree to receive care, which consists of or includes NS care and wellness education. I understand that I am not passive in this process, but that I am an active participant in my care and in my healing.”

Printed Name of Patient

Signature of Patient

Date