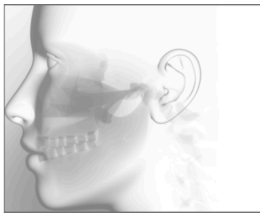
Pediatric Consent



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Pediatric Craniosacral and Chiropractic Consent Form

The first step in care will be an examination and needed testing procedures.
Treatment Methods will be discussed and agreed upon prior to inclusion in your treatment plan.
Care provided in this office is elective, functional based care and you have the option to decline treatment at any time. Craniosacral and cranial chiropractic care is recognised as being an effective and safe method of care for many conditions and age groups. With the goal of reducing tensions and strain patterns and improving nervous system function.

• Craniosacral chiropractic techniques and application for infants and young children are modified in force and speed to suit the age and development of the child to ensure safety. There will not be any fast movements or audible "pops" during a treatment. As with any health care treatment there are potential risks. These risks are infrequent in children and include but are not limited to mild soreness, muscle strain, minor burns if heat is applied and very rarely fracture or stroke. To reduce these risks your doctor uses light force, gentle pressure adjustments. The pressure is intended to be less than 5-10 grams based on the size and age of the child, this is about the weight of 1-2 nickels.

Orofacial Myofunctional Therapy (OMT) and Physical Therapy. **Results:** usually proceeds as planned. However, because this type of treatment involves patient participation and at-home involvement we cannot guarantee that you will be completely satisfied with the results if the home exercises are not completed outside of your scheduled appointments. The success of your therapy depends on the level of cooperation and involvement that you are willing to make at home. **Frenum Ties & Tie Releases**: Many patient's myofunctional disorders are caused by a tight/restricted frenum. In some cases, it is impossible to proceed with OMT because the restriction is so severe. A procedure called a frenuloplasty must be performed to release the tie. OMT is recommended to prepare for a release procedure. **Specialist referral**: Your care may require a team approach to fully resolve symptoms. Orthodontic, Dental, ENT or surgical referrals may be recommended to improve your outcome or may serve as a form of alternative treatment. Without recommended supportive treatments your care may fail to progress as planned. Surgical Observation When scheduling allows your myofunctional therapist to be present for your surgical release they will be present as a healthcare observer and will not be providing care during the release procedure. As a healthcare observer they have no control or influence in regards to surgical results, side effects or surgical complications. ***Frenuloplasty Aftercare is needed no matter what stage of your therapy you are in. Aftercare rehab visits are typically needed for 6-8 visits following frenuloplasty. Results will not be optimal and symptoms may worsen if the aftercare plan is not followed.*** This is not considered speech therapy, orthodontics or dental treatment, and does not replace ENT care.

I wish to rely upon the doctor to exercise judgment during the course of the procedure(s). I also understand that specific results are not guaranteed.

I have read or have had read to me the above explanation of the treatments used in this practice. I understand the goals, risks, and alternative treatment options to my care. By signing below I consent to any or all of the treatment which have been and will be discussed with my doctor. I understand I have the right to withdraw from care at any time.
Treatment of Patients under 18 years of age must have their parent or legal guardian present during their initial consultation. It is strongly recommended that a parent or legal guardian attend all subsequent appointments.

Signature:_____Date:_____

Printed Name:_____Child's Name:_____