



SOUND CLINIC

Integrating Conventional and Alternative Approaches to Healthcare

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Informed Consent for Injection Therapy

My healthcare provider has recommended that I be treated using one or more of the injection therapies listed in the following section. By signing this form and based on the information that has been provided to me, I am consenting to and authorizing the procedure(s) checked below. I also understand that in many cases a series of 2-6 sessions over several weeks or months is generally recommended, depending on my response to treatment. I have been provided with an opportunity to discuss this treatment with my provider and my questions have been answered.

	Procedure	Billable?*	Approximate Cost
<input type="checkbox"/>	Trigger Point Therapy	Yes	\$50-\$180 total
<input type="checkbox"/>	Joint Injection	Yes	\$60-\$100 per joint
<input type="checkbox"/>	Ligament or Tendon Sheath Injection	Yes	\$135 each
<input type="checkbox"/>	Neural Therapy (aka Neuraltherapy)	No	\$135 per region
<input type="checkbox"/>	Prolotherapy or Prolozone	No	\$135per ligament or joint

*Billable in this context refers to whether or not commercial health plans generally pay for the procedure, minus co-pays, deductibles and co-insurance. MedPay, a part of many automotive policies, can be used to cover all of the above.

All of the procedures above involve the injection of a substance into a body part using a needle and syringe. The type of injection varies according to the body part and the substance(s) being injected. The Sound Clinic uses 2% procaine in all of the above procedures. In many cases, a small amount of vitamin B12 is included in the form of hydroxocobalamin. Modern homeopathic injectables such as Traumeel and Zeel are also often included at no additional cost. The joint, ligament and tendon sheath injections include a small amount of a steroid, usually Kenalog. Prolotherapy injections include dextrose, which is sugar. Prolozone injections typically involve the injection of a prolotherapy solution followed by the injection of ozone gas.

Benefits: Injection therapies are frequently utilized to treat conditions involving musculoskeletal injury, dysfunction and pain. It's difficult to accurately predict how effective they will be: some patients who look like great candidates get no benefit at all; sometimes what seems like a 'Hail Mary' turns out to be a cure. Some patients see improvement only after the 6-8w inflammatory response to a prolotherapy injection has run its course. Some patients come every 6-12m for maintenance therapy. Most prolotherapists report that 60-70% of their patients respond to treatment.

Risks: The probability sustaining a permanent injury related to one of the above procedures is exceedingly low. Allergic reactions to the injectables are always possible but tend to be mild and short-lived. Most prolotherapy/prolozone patients experience a mild to moderate exacerbation of their existing pain and/or pain at the injection site for 2-4 days after the injection. Infection is always a possibility when the skin is breached and joint infections often require intravenous antibiotics. Many prolotherapists claim to have treated over 10,000 cases without a single joint infection. Injections near the spinal column may inadvertently pierce the membranes that cover the spinal canal. This is done deliberately at the time of a 'spinal tap,' a diagnostic procedure, and also as an 'epidural,' often administered at childbirth. In all of these cases, leakage of spinal fluid can cause a headache. Occasionally this requires injection of the patient's own blood to form a clot and contain the leak. If the membrane surrounding the lung is pierced air may enter the space between the lung and surrounding tissues forming what is called a pneumothorax. This condition sometimes requires hospitalization and the placement of a 'chest tube.' If a nerve is touched the patient may experience a sensation akin to an electric shock. In rare cases, 'tingling' sensations called paresthesias may linger for months. If a blood vessel is punctured a bruise may result. A large accumulation of blood, referred to as a hematoma, is unlikely except in someone on blood thinners and even then is temporary. Only one death has been caused by prolotherapy. This was in 1959, before current safe practices were in use.

Alternatives: It goes without saying that 'doing nothing' is an alternative; none of these procedures are considered

necessary treatment for life- or limb-threatening conditions, and even those can be refused. In some cases, surgery is a viable option. Acupuncture, massage, chiropractic adjustments and osteopathic manipulation are less risky. A different injection from the list may merit consideration.

Patient Name Printed

Patient or guardian Signature

Date