

Informed Consent to Receive *Network Spinal Analysis*TM (NSA) Care

I hereby request and consent to receiving spinal care, including wellness education in this office by a chiropractor(s) who provides *Network Spinal Analysis (NSA)* Care, a low force approach which has unique outcomes and clinical results. The practitioner(s) chooses to practice NSA, as he/she is professionally and personally confident in regard to the safety and effectiveness of this form of care.

This office provides care in accordance with the *Council on Chiropractic Guidelines* and the *Canon of Ethics of the Association for Reorganizational Healing Practice*, and my doctor(s) has been trained in traditional chiropractic care and certified in the procedures of *Network Spinal Analysis (NSA)* Care.

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

NSA does not attempt to manually, or by instrument, manipulate spinal fixations structurally (often associated with a snapping or popping sound), nor does it directly treat painful areas of the spine and body. ***Instead, by enhancing my body's awareness of itself and specifically my spine, I understand I can develop new strategies for healing, adapting to stress, and experiencing wellness. These strategies promote spontaneous self-correction and self-regulation of spinal tension patterns and healing.***

NSA consists of gentle touch contacts along the neck and back to achieve greater communication between the brain and body, and new sensory and motor strategies. NSA adopts an approach associated with somatic (body/spinal awareness) training. There is a body of research characterizing NSA care and documenting its unique and significant wellness benefits. I understand I may obtain copies of published research articles and/or abstracts in this office.

I am aware that I will be receiving gentle touch Network Entrainments, also called entrainments or Network Adjustments. Assessments of my progress will include monitoring of my spine and body awareness, responsiveness to inner rhythms, tension, and ease patterns. At regular intervals, following commencement of my care, reassessments will be performed. These will include my personal perception of my wellness and my awareness of my spine and body-mind changes. My chiropractor(s) will report to me the improvement in my spinal and nervous system integrity and my ability to self-regulate tension and reorganize my spine.

NSA is advanced through a series of Levels of Care. Each Level of Care involves the development of new and unique spontaneous spinal wave motions, other body movements, and oscillations. These waves, which are suggested to be associated with the greater spinal stability, the redistribution of energy, and the transfer of internal information, are also associated with greater wellness, improved quality of life, and increased life enjoyment.

I also understand that, in addition to NSA care and wellness education, my practitioner(s) may perform additional examinations or assessments and offer health/spinal care or advice that is consistent with my individual needs.

Please read and sign the following:

I hereby request and consent to the performance of Network Entrainments, including wellness education and any supportive healing modalities on me (or on the practice member named below, for whom I am legally responsible) by the doctor of chiropractic, Karen Lumb, and/or other licensed doctors of chiropractic and support staff who now or in the future treat me while employed by, working or associated with or serving as back-up for the doctor of chiropractic, Karen Lumb, including those working at Vitality Wellness Center or any other office, whether signatories of this form or not.

It has been explained to my satisfaction, and I understand that care offered at this office is not a form of, or replacement for, the diagnosis or treatment of any symptom, disease or malady. Instead, 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

and wellness. It develops new capacities in my body for the identification of, spontaneous release of, and redirection of tension, including those that are unique to NSA care.

I have had the opportunity to discuss with the doctor of chiropractic, Karen Lumb, and/or with other office personnel, the nature and purpose of the Network Spinal Analysis (NSA) Care offered in this office. I understand results are not guaranteed and there is no promise of cure.

This form of care is NOT suggested for those individuals who wish to remove a symptom or condition without the occurrence of other fundamental changes in their lives. The care in this office often promotes significant changes in health choices, lifestyle, experience of body-mind, emotion, and consciousness.

Rather than attempting to simply return me to my previous state minus a symptom, this chiropractor instead chooses to help me achieve new levels of wellness and life potential that I may never have had before.

Although in this office we seek to develop new strategies for wellness and spinal and nervous system integrity, as a chiropractor the sole condition of concern is that of vertebral subluxation. In NSA care, we categorize these subluxations into two categories, a structural segmental distortion and a spinal cord/nerve elongation or stretching. Through the gentle force applications at the spine to enhance spinal and nervous system integrity, subluxations are corrected. This is the only condition that we address in our office.

The only condition we offer to diagnose and correct is vertebral subluxation and loss of spinal and neural integrity in relationship to this. We do not offer to diagnose or treat any other condition, disease, or symptom. If during the course of our spinal assessment/examination we encounter non-chiropractic or unusual findings, we will advise you of this. If you desire advice on further diagnosis or treatment of this condition, situation or circumstance, we will recommend that you seek the services of another health care provider whose practice is geared towards such differential diagnosis and treatment.

I further understand and have been informed that there are other treatment options available to me other than the ***Network Spinal Analysis (NSA) Care*** provided in this office and that I have the right to a second opinion and to secure other options if I have concerns to the nature of my symptoms and treatment options.

I have read, or have had read to me, the Consent to Receive Network Spinal Analysis TM (NSA) Care and understand that the care in this office is different from what many consumers may expect from chiropractors practicing manipulative therapy. I agree to receive care, which consists of or includes NSA 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.

Signature of Practice Member (Or Guardian, Parent, Representative)

Print Name and Relationship if signing for Practice Member

Printed Name of Practice Member

Date

Printed Name of Witness

Signature of Witness

Date