

Vitalia Holistic Health Centre

Prolotherapy

INFORMED CONSENT

I, _____, have been advised and consulted about the injection technique of Regenerative Injection Therapy, also known as Prolotherapy.

I have been advised that Prolotherapy or Regenerative Injection Therapy (RIT) is an established treatment technique used to tighten and strengthen weak and damaged ligaments and tendons which are believed to cause pain and instability. It is also used to decrease pain and improve function in some forms of arthritis. The technique requires the injection of local anesthetic (Procaine or Lidocaine) plus 12-25% Dextrose (sugar water), Glucosamine Sulfate, Hydroxocobalamin (Vitamin B12), and other synergistic agents may be included in the proliferant solution. Occasionally, your own blood (PRP) or ozone is used. The site of the injection is where the ligament or tendon attaches to the bone, at the joint capsule or inside the joint.

I have been informed that the procedure has been used on millions of patients and has been proven safe. The procedures may initially increase my pain or reproduce my symptoms for one to three days (and occasionally as long as ten days) and then may decrease my pain complaints, but may not completely eradicate them. I understand some insurance companies have determined this treatment to be experimental due to the lack of large research studies in the scientific literature.

I understand the BENEFITS of the procedure include improved or resolved pain and improved function.

I have been informed of some of the ALTERNATIVES to Prolotherapy:

- | | |
|-----------------------------|---------------------|
| 1. Do nothing | 5. Acupuncture |
| 2. Surgical intervention | 6. Pain Medications |
| 3. Injections with steroids | 7. Physical therapy |
| 4. Manipulation | 8. Massage therapy |

I have been informed that the known, reported and theoretical RISKS and COMPLICATIONS of Prolotherapy may include:

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|--|---|
| 1. Immediate pain at the injection site | 10. Pneumothorax (collapsed lung) when injecting near the lungs |
| 2. Stiffness in the injected joint | 11. Itching at the injection sites |
| 3. Bruising | 12. Nausea/vomiting |
| 4. Headache during back/neck injections | 13. Dizziness or fainting |
| 5. Allergic reaction to the solution | 14. Swelling after joint injections |
| 6. Infection from the injection | 15. Bleeding |
| 7. Injury to nerve and/or muscle | 16. Temporary blood sugar increase |
| 8. Spinal cord injury during spinal injections | 17. There may be no effect from the treatment |
| 9. Temporary or permanent nerve paralysis | |

I have been informed that the risks of NO Prolotherapy are:

1. No relief of the pain
2. Continued instability of the damaged joint or ligament and probable worsening of your painful condition.

___ I waive the option of signing a consent to treat for each and every specific procedure at each treatment date.

___ I understand this procedure is usually not covered by insurance and I am responsible for the total charge myself.

___ I understand that I will inform my doctor if I am pregnant or become pregnant during the course of my treatments.

Patient Signature _____ Date _____