Nasal Specific Informed Consent — Consents

Acknowledgement of Nature of Therapy Required

☐ The nasal specific technique (NST)is the using of a “balloon” (finger cot) as a lever to stretch nasal passage fibrotic tissue. This is done in an effort to improve function and/or alignment. After insertion, air is gently inflated into the balloon with the help of a modified blood pressure cuff bulb. The inflating balloon will separate the bones of the nasal passages and stretch the tissues. The patient can expect to hear a crackling sound coming from their nasal passages, your eyes will water, and your nose will drain fluid. Occasionally some bleeding may occur. After treatment soreness should be expected for a day or so. Every type of health care is associated with some risk of a potential problem. This includes the nasal specific technique. Common symptoms for those seeking treatment include chronic headache, chronic auditory or balance problems; dental symptoms and behavioral problems may be seen. Poor nasal breathers often present with a forward head posture because it increases the efficiency of mouth breathing. Because of the relationship with the upper cervical spine, symptoms of upper cervical subluxations may be present; often these patients have difficulty maintaining cervical chiropractic corrections. Theory: Chronic nasal infections, allergies, traumas, or single significant nasal tissue injuries create inflammation. The resolution of inflammation is fibrosis. Intranasal fibrosis impairs normal function, including possibly the subtle movements of cranial bones with respiration, etc. Indications: Chronic head / face complaints that may be related to nasal passage fibrosis. The patient will often have a history of trauma, surgery, or chronic nasal passage inflammation (like allergies). Understanding of Risks and Side Effects Required.

☐ We want you to be informed about potential problems associated with the nasal specific technique before consenting to treatment. The nasal specific technique has been used safely for at least five decades and has helped thousands of patients to breathe more efficiently through their nasal passages. The technique is usually performed by a chiropractor, but may also be performed by a naturopath or osteopath. There are at least two peer reviewed journal articles on the technique in the United States National Library of Medicine: Skull

Dysfunction: Journal of Craniomandibular Practice; 1991. Nasal Specific Technique as Part of a Chiropractic Approach to Chronic Sinusitis and Sinus Headaches: Journal of Manipulative and Physiological Therapeutics; 1995. The treatment is considered optimal when the balloon pushes through the nasal passages and touches the back of the throat. Since there are three nasal passages on each side of your nose, ideally the technique should be done a total of six times each treatment session. Recommended frequency is once per week for a month; once per month for a year; once per year for life. This frequency may be varied at the discretion of your doctor. Occasionally the “balloon” will remain inflated in the patient's oral pharynx and the doctor will have to pop it with a pin through the mouth. This is not a problem, but it might scare you if you did not know about it. There may be other problems or complications that might arise from the nasal specific technique, but we are not aware of any. These other problems or complications would occur so rarely that it is not possible to anticipate and/or explain them in advance of treatment. Contraindications and Health Disclosure Required.

☐ I certify that I have disclosed all current medical conditions, medications, and therapies. I understand that NST may be contraindicated or require caution if I have: • An active sinus, mouth, throat, or head infection. • A history of frequent and/or severe nose bleeds. • Currently taking anti-coagulant and/or blood thinner drugs. Alternatives to nasal specific technique include: do nothing, drugs, surgery, balloon sinuplasty. Risks from these procedures should be discussed with that particular provider. If you have any questions on the above, please ask your doctor. When you have a full understanding, please sign and date below. Authorization and Privacy (HIPAA) Required

☐ I authorize the clinic to use and disclose my protected health information for treatment, payment, and healthcare operations. I consent to the release of information to my referring physician if necessary. I understand that photos may be taken before, during, and after treatment for medical evaluation and confidentiality is maintained. Release of Liability and Indemnification Required.

☐ I voluntarily agree to undergo NST. I acknowledge that I am receiving NST at my own risk. I hereby release, indemnify, and hold harmless Triangle Holistic Health, its owners, employees, and agents from any and all claims, liabilities, damages, or causes of action arising from the use or misuse of NST, including any side effects or complications, except in cases of gross negligence or willful misconduct. Dispute Resolution Required

☐ Any disputes arising from this agreement shall be settled through binding arbitration in accordance with the laws of Maricopa County, Arizona. The clinic is not liable for damages exceeding the cost of the services rendered. Patient Declaration Required

Required Acknowledgment:
☐ I have read, understand, and voluntarily agree to the terms of this Informed Consent & Release of Liability.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Parent/Legal Guardian Signature (if applicable): _____

Relationship to Patient: _____

Date: _____