CONSENT TO RECEIVE PROLOTHERAPY / REGENERATIVE INJECTIONS

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A. PURPOSE AND BACKGROUND

As my patient, you have requested my administration of para and intra-articular injections (in and/or around the joint); a technique which is used in the correction of degenerative joint disease (DJD), arthritis, joint instability, scar tissue, tears of ligament, tendon, meniscus, labrum, cartilage, etc. All medical procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether or not to go forward with the procedure. Our office has performed over 32,000 procedures with no lasting deleterious effects.

B. PROCEDURE

1. This treatment is administered via a syringe, or injection, into the areas of tears, degeneration or arthritis for regenerative medical purposes. All injection hardware is sterile and brand-new.

2. An anesthesia, numbing medicine used to reduce the discomfort of the injection, may or may not be used. Preservative-free solutions are utilized when available. Acupuncture needles may or may not be used as an anesthetic agent.

3. The treatment site(s) is washed first with an antiseptic (cleansing) solution.

4. Most medicines are natural-based, FDA-approved, and include vitamins, dextrose, glycerin, phenol, zinc, saline. Some pharmaceuticals are warranted and may include preservative-free lidocaine (numbing agent). All ingredients are tailored to the individual patient needs. Needles are used to deposit these medications.

5. The depth of the injection(s) will depend on the location(s) treated, but usually involve the fibroosseous junction of the tendon / ligament (at the boney attachment).

6. Multiple injections are made depending on the site, amount of degeneration, and technique used.

7. Additional treatments of prolotherapy are usually necessary to achieve the desired level of regeneration and may involve 6-12 treatments every 4-10 weeks.

8. Periodic maintenance injections may be necessary for professional athletes or those with laborious and/or repetitive occupations, sports or hobbies.

9. Most patients are pleased with the results of prolotherapy. However, like any medical procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that arthritis and degenerative joint tissue will disappear completely, that you will never require joint surgery or that you will not require multiple treatments to achieve the desired results.

C. RISKS/DISCOMFORT

1. Although a thin needle is used, common injection-related reactions may occur. These could include: initial swelling, pain, itching, discoloration, bruising and/or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steriodial anti-inflammatory drugs (NSAIDS) such as Advil® or aspirin.

2. These reactions generally lessen or disappear within a few days but may last for a week or longer.

3. The patient is expected to experience 1 to 3 days of post-treatment soreness **that may become intense.** This is a normal process of the natural "remodel and repair" mechanism

4. Although no infections have ever been reported in the known medical literature connected with a standard prolotherapy procedure, as with all injections, this procedure carries the risk of infection. The needles/syringes are brand-new & sterile and standard medical precautions associated with injectable materials have been taken. Our office is equipped with antimicrobial floors and copper sinks.

5. Prolotherapy should not be used in patients who have experienced hypersensitivity to medications used and should not be used in areas with infections (e.g., cysts, pimples, rashes or hives).

6. After treatment, you should minimize exposure of the treated area to public pools or spas until any initial swelling or redness has gone away.

7. A small percentage of patients experience a transient "growing pains" phenomenon that may accompany the regrowth of cartilage until the body gets used to the regenerated tissue.

8. Treatment of the spine carries additional risks. Although extreme care is taken when the spine is treated, there is an inherent risk of spinal canal perforation, which may result in a "spinal tap headache" and / or significant nausea for a couple of days. Rarely, a procedure called a blood patch is required to seal the perforation if symptoms persist, which may involve hospitalization.

9. Treatment of the thoracic spine, sternum or ribs also carries the inherent risk of lung perforation. Lung perforations usually resolve within hours, but there is a risk of developing a tension pneumothorax which is a medical emergency and may require hospitalization.

10. Many risks are minimized because no fluid is deposited before the needle touches bone.

11. While the effects of prolotherapy may be dramatic, a poor diet, posture, smoking and sedentary lifestyle may increase the number of required prolotherapy treatments.

12. Patients are advised to have another person accompany and drive the patient home after the treatments to reduce the risk of distracted driving from treatment discomfort.

13. Patients are expected to make the doctor / staff aware of any dizziness or lightheadedness occurs immediately after the treatment so the patient can rest before leaving the office.

14. Some patients, and even some persons accompanying the patients, have experienced a temporary vasovagal response (dizzy/fainting) that sometimes occurs during or right after the treatment.

D. BENEFITS

Prolotherapy has been shown to be safe, effective and carries fewer risks and side effects compared to cortisone injections or surgical procedures used to treat arthritis and chronic pain.

E. ALTERNATIVES

This is strictly a voluntary medical procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include various surgical procedures or cortisone/steroid injections.

F. COST/PAYMENT

The cost of treatment will be required of you per treatment.

G. APPOINTMENTS

1. Confirmation calls will be made 2-3 days prior to scheduled appointment, patients are expected to call back and confirm their appointment or your appointment might be cancelled.

2. Please notify office 48-72 hours in advance if you need to cancel or reschedule your appointment.

H. QUESTIONS

This procedure has been explained to you by your physician, and your questions were answered. If you have any other questions about this procedure, you may call the office at (480) 922-1101.

I. CONSENT

You have been given a copy of this consent form. Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to Dr. Tallman to perform prolotherapy/ regenerative injections and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition.

The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to your satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information from my physician and feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with the physician.

PATIENT SIGNATURE: _____

DATE: _____